

Humanitarian Struggle:

The Politics of Cross-Border Aid on the

Thai-Burma Border

A thesis submitted for the degree of Doctor of Philosophy of the

Australian National University

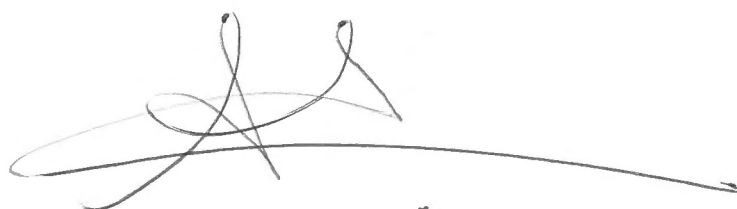
Anne Décobert

March 2013

Declaration

This thesis consists entirely of my own original research and work. Field research for the thesis was conducted between December 2009 and March 2012.

Signed in March 2013 by Anne Décobert:

A stylized handwritten signature in black ink, featuring a large, sweeping horizontal stroke that extends to the right, with several loops and flourishes above it.

Anne Décobert

Acknowledgements

This research would never have been possible without the participation, assistance and support of the members of the Back Pack Health Worker Team. Special thanks are due to the leaders, who allowed me to conduct research within their organisation. I am immensely grateful, moreover, to all the Back Pack leaders, medics and office workers who welcomed me in their organisation, who shared their experiences and life stories with me, and who helped me gain a better understanding of their lives and work.

Many thanks also to members of Back Pack's partner organisations – in particular, Mae Tao Clinic, Burma Medical Association, Karen Department of Health and Welfare, and Global Health Access Program – who spent time with me in interviews and informal discussions, shared their stories and experiences, allowed me to attend their trainings and workshops, and helped me gain a better understanding of the functioning of their organisations and programmes.

Special thanks are due in particular to the two women who assisted me as translators and who gave me extensive help in explaining Back Pack's functioning and diverse programmes. These women are not named here for reasons of confidentiality but provided invaluable support during the period of research. I am also grateful to the four other translators who assisted in conducting interviews, transcribing recordings, and translating interview data.

Finally, I am extremely grateful for the ongoing support, feedback and encouragement provided by Dr Patrick Kilby throughout the duration of this research. Special thanks are also due for the support and feedback given by Dr Sverre Molland and Prof Monique Skidmore.

Table of Contents

Abstract 1

Introduction: An ethnographic study of the politics of cross-border humanitarian aid 3

CH 1: Humanitarianism, Victims and Politics: conceptual debates and approaches..... 19

CH 2: From Burma to the Border: background and methodology 53

CH 3: Back Pack, Product of Burma’s ‘Chronic Emergency’ 85

CH 4: Doing our Duty: Back Pack medics as victims and the politics of diversity 117

CH 5: Back Pack is Something, Back Pack is Nothing 157

CH 6: International Legitimacy for a Humanitarian Struggle 191

CH 7: Beyond Burma: finding a place in a changing Myanmar..... 227

Conclusion: The Politics of Humanitarian Aid: politics of life and politics of value... 263

Annex 1: Acronyms and Glossary 283

Annex 2: BPHWT Organisational Structure and Staffing 293

Annex 3: Donor Humanitarian Actors Working Group Operating Guidelines 295

Bibliography 299

Abstract

Through an ethnographic study of a cross-border aid organisation, this thesis examines problems that go to the heart of the politics of humanitarian aid. At a time of significant political change in Burma, members of the Back Pack Health Worker Team had to grapple with questions that have shaped the history of humanitarianism but continue to raise complex political and ethical dilemmas. The Back Pack Health Worker Team – or Back Pack, as it is commonly known – is a Non-Government Organisation made up of indigenous medics who provide healthcare to ethnic minority communities in Burma's disputed border areas. Ten years after its creation in 1998, Back Pack had become an influential yet controversial player in the politics of aid to Burma.

This thesis explores how humanitarian actors, systems and practices can at different times be defined as legitimate or illegitimate. It examines ways in which an 'embodied history' of violence can influence the worldviews and actions of humanitarian actors, as well as institutions that develop in a particular context to mitigate human suffering. Back Pack's 'humanitarian struggle' unites the provision of aid with a politico-moral vision, itself tied to the life experiences and embodied histories of state violence of its founders and members. This humanitarian struggle implies an attribution of legitimacy to some socio-political actors in Burma rather than others. For over a decade, it was endorsed by international donors and political actors. At a time of significant (geo)political change, however, international-level attributions of legitimacy to different socio-political actors in Burma shifted, with significant impacts on an already polarised and emotive politics of aid.

This ethnographic study highlights the importance of analysing systems through which aid works from the perspective of values attributed to these systems by actors at different scales of analysis and in relation to wider political and geopolitical changes. It focuses on the complex and often-invisible webs of local organisations, international NGOs, donors and other socio-political actors, which can develop in a cross-border and extra-legal context – a context where competing constructions of systems as legitimate or illegitimate, humanitarian or not humanitarian are highlighted. It is in such a context and at a time of significant (geo)political change that constructions of 'licitness' can

become most pertinent and that divergent and shifting attributions of value by actors at different scales become particularly significant. Finally, the thesis links this analysis to a conceptualisation of humanitarianism as an unequal 'politics of life' and 'politics of value'. It thus highlights ways in which actors differentially situated in an international system of 'humanitarian government' can be involved in contests over the attribution of value not only to human lives *per se*, but also to the systems and practices that enable the government of these lives.

Introduction: An ethnographic study of the politics of cross-border humanitarian aid

On the outskirts of Mae Sot is a dusty compound, surrounded by concrete walls. A Thai flag above the heavy metal gate belies the presence of an organisation made up of individuals considered illegal by the Thai state. To a newcomer, there is no indication that this gate opens into the headquarters of the Back Pack Health Worker Team (or Back Pack, as it is commonly known), one of the largest and most influential groups supporting cross-border aid in conflict-affected and remote parts of Burma's borderlands. And yet, this compound is the geographic and socio-political nexus of a system, which came to be promoted as an alternative model for humanitarian action where more conventional approaches were claimed to have failed ethnic minority communities in Burma's border areas.

The politics of humanitarian aid

The politics of humanitarian aid is a complex and often emotive issue, central to a multi-billion dollar global aid industry – or so I argued in a presentation prior to beginning fieldwork on the Thai-Burma border. But until I had worked with Back Pack in Mae Sot, I did not grasp the extent to which the debate around cross-border aid in particular is politicised and polarised. I also did not appreciate the impact that this would have on my existence in the field, memorably as a researcher who was told early on by one of Back Pack's leaders that she could not “sit on the fence”.

Through an ethnographic study of a cross-border aid organisation, this thesis explores issues that go to the heart of the politics of humanitarian aid. At a time of significant but uneven and contested political change in Burma, Back Pack members had to grapple with questions pertaining to political neutrality, humanitarian intervention and state sovereignty, and legitimate humanitarian representations, systems and practices. Such debates have shaped the history of international humanitarian systems, but continue to raise complex and often unresolved political and ethical questions. Back Pack's case thus highlights problems at the heart of humanitarianism, of how and why humanitarian actors are involved in promoting particular ‘motivated truths’, and of the often unequal

values attributed to human lives within an international system of 'humanitarian government' involving a multiplicity of actors with sometimes conflicting agendas (Fassin 2007b; 2012; Redfield 2006). By focusing on the evolution of cross-border aid – and on shifting attributions of value to this system – the ethnography highlights ways in which local-level actors, systems and practices can be (re)defined as legitimate or illegitimate, humanitarian or not humanitarian.

This thesis therefore focuses on the evolving politics of aid on and beyond the Thai-Burma border, a context shaped by a history of conflict and political violence. Drawing on anthropological tools and methods, it investigates the socio-political development of a system supporting healthcare to communities in areas where international aid agencies were historically denied access (Duffield 2008). It explores the experiences and worldviews of men and women implementing cross-border aid, and analyses ways in which local-level actors attempt to influence a politicised and often emotive debate. As well as analysing what is at stake in an evolving politics of aid to a country undergoing political change, the thesis identifies what this ethnography reveals in terms of humanitarian systems more generally, and ways in which different actors as well as wider structural factors can impact on an unequal politics of life and politics of value (Fassin 2007b; 2012).

Inspired by the writings of anthropologists such as Paul Farmer and Didier Fassin, the ethnography situates the life stories, understandings and actions of individuals and groups in relation to wider historical and structural factors, including the deep-seated inequalities in which they are embedded (e.g. Farmer 1996; 2004; Fassin 2007; 2012). It explores the 'logic' of humanitarian actors and systems, as well as ways in which individuals' and groups' histories, experiences and worldviews influence particular discourses and practices of humanitarianism. Such an exploration is particularly valuable in an international system of 'humanitarian government' (Fassin 2012), which in recent decades has placed increased emphasis on funding local organisations to implement aid programmes – organisations, which can be linked in various ways with socio-political movements (Atlani-Duault 2005; 2009).

In a situation characterised by protracted conflict, violence and competing claims to socio-political legitimacy, this type of analysis becomes all the more important. Socio-political violence profoundly influences people's identities, as well as their ways of being and acting in the world (Feldman 1991; Nordstrom and Robben 1995). An embodied history of violence, as the concept is developed by Fassin (2007; 2008), can also shape institutions that develop in a particular context to mitigate human suffering. Indeed, violence and suffering not only shape the worldviews and actions of those designated as victims – the aid beneficiaries – but can also profoundly influence humanitarian actors and institutions, particularly when humanitarians are both victims of political violence and agents in a system developed to mitigate its effects. As described in this thesis, the Back Pack medics are at the same time victims of state violence and humanitarian actors responding to this violence. An embodied history of state violence profoundly influences Back Pack's organisational ideology and positioning in an evolving politics of aid. And at the international level, the Back Pack medic comes to represent a particular subjectivity: that of the humanitarian as victim, whose history of suffering can mobilise legitimacy for a 'humanitarian struggle'.

This study ultimately demonstrates the importance of considering the systems through which humanitarianism works from the perspective of values attributed to these systems by actors at different scales of analysis and in relation to wider political and geopolitical changes – a perspective, which is generally given little attention in analyses of humanitarianism. Such an investigation, however, can be important for understanding how particular actors, systems and practices may or may not come to be defined as humanitarian. Both official and academic studies of aid also pay relatively little attention to the complex and often invisible (or 'under the radar') webs of local organisations, international Non-Government Organisations (NGOs), donors, and other socio-political actors that can develop in a cross-border and extra-legal context. Yet it is frequently at the margins of sovereignty and of state definitions of legality that some of the political and ethical dilemmas of humanitarianism become most pertinent. And it is within networks that operate through these marginal spaces, and at times of significant (geo)political change, that competing constructions of systems as legitimate or illegitimate, humanitarian or not humanitarian can become most significant.

Humanitarian aid to Burma: a polarised debate

In the Burmese context, the aid debate is linked to the country's volatile history, competing claims to socio-political legitimacy and evolving international (geo)politics (Duffield 2008). Until recently, Burma was renowned for a military junta, which had repeatedly demonstrated its readiness to use brute force, surveillance, propaganda and draconian laws to preserve its predatory grip on power. When I began fieldwork in 2009, conflict between state forces and ethnic nationalist groups had been ongoing for over sixty years in parts of the borderlands (Smith 2007; South 2008). Ethnic minority communities had been subjected to systematic and widespread abuses by armed state and non-state actors. Communities in these areas historically had little to no access to basic healthcare and education, and their livelihoods were constantly threatened. As part of its counter-insurgency campaign, moreover, the Burmese state restricted or banned humanitarian access to civilian populations in unstable border areas for most of this period (Duffield 2008; Rae 2007; Stover, et al. 2007).

The Burmese junta's violent repression of the 1988 democracy uprisings and denial of the results of the 1990 elections led to international condemnation, sanctions, and isolation of what came to be seen as a pariah state (Pedersen 2008a). But historically, little international consensus existed concerning how best to improve the lives and livelihoods of communities in areas where the state denied humanitarian access (Duffield 2008). Conflict-affected, displaced and impoverished communities in Burma's disputed borderlands were defined as in need of humanitarian aid; where policy makers, donors, aid workers and analysts differed was in defining the mechanisms through which these needs should be met.

Cross-border aid is when assistance is provided through systems, which cross a state border to access people living within a situation defined as a humanitarian crisis. On the Thai-Burma border, the term is used to describe a wide range of systems and programmes that generally developed from the 1990s onwards to support the continued provision of services to ethnic minority communities in unstable and remote areas (Beyrer and Lee 2008). Cross-border aid enables international funding, supplies and technical know-how to be channelled to groups working inside Burma from logistics

and management bases on the other side of the border. It is implemented without approval from the Burmese state and, in conflict areas, typically involves working in cooperation with groups referred to at the international level as non-state armed actors (Duffield 2008; South, et al. 2010).

The main alternative model through which humanitarian needs in Burma's borderlands can theoretically be met is through state-sanctioned assistance: aid is provided by organisations such as NGOs or United Nations agencies, which operate within the parameters defined by the Burmese state. But due to state restrictions, international aid organisations historically had little access to Burma's borderlands. Since the late 1990s, a number of powerful donor countries funded cross-border aid, on the premise that vulnerable populations were unable to access aid through more conventional mechanisms. But the situation on the ground and in the wider region evolved during the 1990s and 2000s, and by the time I began fieldwork, this premise was being questioned (Duffield 2008; South, et al. 2010). The debate around cross-border aid – and the politics of aid to Burma more generally – had also become increasingly polarised.

At stake in the debate around cross-border aid is the question of who should deliver assistance and how. In the Burmese context, the debate is fundamentally political and linked with decades-long conflict over who is a legitimate political authority. Aid today is also a multi-billion dollar industry, in which the careers and reputations of people sometimes far removed from a humanitarian crisis are at stake. So politics, money and power are key components of the debate. But for Back Pack medics and leaders, there are other concerns – and finding out what is at stake for the people on the ground is essential in order to understand why the debate around cross-border aid developed into one where, by the time of my fieldwork, it had become almost impossible not to take sides. The evolving debate also reveals crucial issues in an international politics of aid, which has evolved substantially in the past century but in which humanitarian actors and systems continue to be faced with complex political and ethical dilemmas.

Research questions: legitimate humanitarianism in an evolving politics of aid

Through an ethnographic focus on the Back Pack Health Worker Team, this thesis seeks to explore how and why local-level actors, systems and practices come to be defined as legitimate or illegitimate, humanitarian or not humanitarian.

The thesis analyses ways in which a local organisation is affected by and tries to influence an evolving political and moral economy of aid. It explores the impact of a history of political violence, protracted conflict and competing claims to legitimacy on the worldviews and actions of local humanitarian actors. It also investigates the impacts of these historical and political factors on institutions that develop out of such a context to mitigate human suffering. It analyses the evolution of systems labelled as humanitarian within a complex and dynamic (geo)political context. It explores the values attributed to these systems at different times and by different actors within an unequal system of international 'humanitarian government' – and in so doing, it highlights the sometimes-conflicting 'logics' behind these values.

In addressing these issues, the thesis illustrates political and ethical dilemmas that can arise when international frameworks and agendas are applied to the realities of a local-level, long-lasting and evolving conflict situation. It illustrates how local perceptions and frameworks can at different times clash or converge, adapt to or attempt to alter, evolving priorities and frameworks for policy making and action at the international level. As such, it seeks to advance theoretical understandings of humanitarianism, by focusing on systems that have evolved for over a decade in the domain of what one Back Pack leader calls the 'legal-illegal' – a domain where sometimes conflicting constructions of actors, systems and practices as legitimate or illegitimate are highlighted. The analysis of such construction processes is particularly important, moreover, in an international context, which has witnessed the proliferation of actors, systems and practices laying claim to the label of 'humanitarian', but in which there is an ongoing lack of consensus as to the legitimacy of different models or practices of humanitarianism.

The ethnography: a positioned interpretation

Back Pack evolved as a product of and response to what its leaders call the ‘chronic emergency’ in Burma’s borderlands. The organisation was initially a response to scaled-up conflict and displacement in eastern Burma in the 1990s – in particular, in Karen State – and to the destruction and depletion of healthcare services previously supported through systems administered by ethnic nationalist organisations¹. To support healthcare in remote and conflict-affected communities, Back Pack’s founders drew on existing networks and socio-political systems in different ‘ethnic states’. Their vision was to strengthen local networks and capacities, which they hope will provide the basis for future generations’ health systems in a Burma in which the rights and freedoms of ethnic minority communities will be fulfilled. Over the years, Back Pack also evolved significantly beyond the provision of emergency medical aid in Burma’s eastern borderlands.

By the time I began fieldwork in late 2009, Back Pack had grown into the largest cross-border aid organisation supporting medical services and primary healthcare in Burma². The organisation is also considered unique for a number of reasons. First, in contrast to a number of organisations operating in the borderlands and that are affiliated with one ethnic nationalist group, Back Pack is a multi-ethnic organisation, which at the level of its target areas is better understood as a network building on and bridging between systems in diverse community contexts within different states and divisions of Burma. Second, Back Pack targets communities not accessed by other service providers. Back Pack medics therefore work in some of the most remote and dangerous parts of the border areas, and have attracted much attention from journalists looking for a good story, foreigners wanting to help the people of Burma, as well as the occasional ‘hellhole junkie’. Finally, since its origins Back Pack has been linked into a network comprising powerful individuals and groups whose influence extends far beyond the Thai-Burma border and who enabled the organisation to access increasing amounts of

¹ The evolution of healthcare systems in relation to political and military changes in these areas is described in Chapters 2 and 3.

² As illustrated in this thesis, however, Back Pack’s leaders contest and seek to redefine the label of ‘cross-border aid’ – a label that is considered misleading and that can have significant political consequences.

international funding and political support.

From its humble beginnings, Back Pack thus grew into an influential actor on and beyond the Thai-Burma border, and into a model promoted for humanitarian action within and beyond Burma's 'chronic emergency'. By the time of my fieldwork, the organisation was often viewed as the archetypical model of cross-border aid. A government donor agency representative once said: "when we talk to back-donors about cross-border work, they immediately think about Back Pack". A decade after its creation, and largely as a result of its growing influence and reputation, Back Pack had also become central to the debate around cross-border aid and was therefore a highly pertinent case study in the politics of aid to Burma.

Between December 2009 and March 2012, I conducted ethnographic research with Back Pack members while also working as a volunteer in their head office in Mae Sot, on the Thai side of the Thai-Burma border. This period was one of significant albeit uneven and contested political change in Burma. Changes in Burma – as well as wider regional and international (geo)political shifts – brought to the fore key tensions in an evolving politics of aid. In particular, ways in which different actors, systems and practices could come to be (re)defined as humanitarian or not humanitarian were highlighted. This thesis therefore focuses on a particular timeframe, as well as events and evolutions leading up to it. Developments in Burma, the wider region and the politics of aid after March 2012 are beyond the scope of this analysis.

A year before I began fieldwork, Mark Duffield described a polarisation of discourses in relation to Burma, with those on different 'sides' of a politicised debate similarly claiming to speak on behalf of the Burmese people in what had become an internationalised battle of legitimacies (Duffield 2008). This polarisation, which influences the debate around cross-border aid, is also reflected in the names used to describe the country:

Even the name of the country has become part of a classificatory process. In 1989 the State Law and Order Restoration Council (SLORC), the forerunner of the

SPDC³, as part of a wider process of renaming, changed the colonially imposed ‘Burma’ to what it argued was a more authentic ‘Myanmar’. While this change has been accepted by the country’s regional neighbours, and to a large extent internally, many political opponents, advocacy groups and Western governments pointedly retain the name Burma as an invocation of the continuing struggle for liberal values (see Callahan 2007: ix-xi). The danger of a polarised discourse, however, is that even a name carries the risk of instant classification as friend or foe (Duffield 2008: 12).

While recognising the politicisation of names and the polarisation of positions that these can reflect, I have chosen to use Burma as the name of the country, and Rangoon as that of its former capital. I have done so to reflect the terms used by the men and women I worked with during my fieldwork, and whose stories and perspectives are presented through the following chapters. This decision also reflects the self-conscious positioning of a researcher who, as already mentioned, was told that she could not “sit on the fence”. As further discussed in Chapter 2, the ethnographic account presented here thus remains a “positioned interpretation”, but one which seeks to enlighten a politicised and often-emotive debate and to understand why, in such a context, not taking sides could often mean being branded as an enemy (Mosse 2006: 941).

The resulting ethnography seeks to acknowledge and recount the experiences of violence often expressed through the register of suffering by men and women I worked with, as well as analysing the ways in which suffering can become a political object. It thereby attempts to avoid a reduction of human suffering that either ignores ways in which it can be instrumentalised, or fails to recognise its reality for those whose life experiences are expressed in these terms (Fassin 2012; Kleinman and Kleinman 1991). The analysis has, however, been framed within the recognition that – as a foreign researcher not having experienced the reality of violence that has shaped the worldviews of Back Pack’s members – I only ever had access to the narration of these experiences, to the observation of ways in which individuals perform their daily lives, and to these individuals’ rationalisations of the evolving context in which they work. In

³ The State Peace and Development Council (SPDC) was the official name of the Burmese military government from 1997 to 2011.

other words, as Fassin argues, “with the tools available to social science, we have access only to the culturally significant expression of these affects” – and of the construction processes of which these affects become the object (Fassin 2012: 203).

Back Pack’s ‘humanitarian struggle’ – as it was described to me by one of the organisation’s leaders – cannot be understood in isolation from the individual life stories and collective experiences of its founders and members. This humanitarian struggle, like other humanitarian systems before it, unites the provision of aid with a political and moral mission (e.g. De Waal 1997; 2010). For close to a decade, it was endorsed by powerful international donors and political actors. At a time of significant yet uncertain change, however, attributions of legitimacy to different socio-political actors in Burma shifted, with significant impacts on an already-divisive politics of aid. This study highlights these shifts and their consequences, as well as illustrating how local-level actors, systems and practices can at different times be defined as humanitarian or not humanitarian. It thus raises political and ethical questions that go to the heart of the nature of humanitarianism. And it links these questions to an analysis of the often unequal values given to human lives – and to systems that enable the government of these lives – by an international system of ‘humanitarian government’ involving a multiplicity of actors with sometimes conflicting agendas and frameworks.

Throughout this thesis, I employ the terms discourse and practice, drawing on ways in which the concepts were developed by Michel Foucault, while recognising limitations to Foucauldian approaches⁴ (Foucault 1979; 1980; 1982; 1990). Many anthropologists have drawn on Foucauldian theory to conceptualise aid systems as regimes of rationality, and explicit or implicit reference is often made to Ferguson’s conceptualisation of aid as an anti-politics machine (Ferguson 1990). Humanitarianism has also been analysed as a new form of biopolitics, but while such approaches open up a fertile domain of investigation, they tend to avoid what Nicolas Rose calls the politics of life itself, and the ways in which this is associated with inequalities between human beings (Fassin 2006; 2007b; Rose 2001). This thesis therefore draws on approaches,

⁴ Limitations to Foucauldian approaches are mentioned below and further described in Chapter 1, which discusses the theoretical frameworks, concepts and tools mobilised in this research.

which highlight the ways in which humanitarian discourses and practices can attribute different values and meanings to human lives (Fassin 2007b; 2009; 2012).

Another approach derived from Foucauldian theory consists of examining the construction and subjectification of subjects through discourses and practices of humanitarianism – and aspects of this approach are useful for the research at hand. However, Foucauldian approaches have a tendency to reduce the subject to a type of ‘docile body’, at once the product of power and forever bound to regimes of rationality and patterns of conduct that allow for no agency outside the terms of the dominant discourse (Giddens 1984). Instead, it is a key intention of this research to recognise and engage with human agency in its complex manifestations and inevitable limitations, without however falling into the trap of ethnographic ‘thinness’ and of reducing all human action to resistance (Brown 1996; Ortner 1995). As Sherry Ortner argues in her influential critique of the frameworks of resistance developed by James Scott and others (Scott 1989), “resistors are doing more than simply opposing domination, more than simply producing a virtually mechanical *re*-action. They have their *own* politics” (Ortner 1995: 176-177). And it is precisely these types of politics that this thesis aims to explore, as well as the ways in which the politicised subjectivity of the Back Pack medic might transect and transcend common humanitarian discourses and practices.

Within this overall approach, the reader will note a heavy reliance on the writings of Didier Fassin. There are a number of reasons why I have drawn heavily on Fassin’s work. First, Fassin’s concept of embodied past allows for an understanding of the ways in which a history of violence and suffering can shape individuals’ and groups’ ways of being and acting in the world (Fassin 2007; 2008). Second, Fassin reorients Foucault’s work to emphasise a politics of life inequalities (Fassin 2007b; 2009), which allows for a conceptual linking of systems of human government to issues of violence, suffering, inequality and injustice. Third, Fassin analyses ‘humanitarian government’ as a politics of suffering, acknowledging people’s very real experiences of violence expressed through suffering, as well as recognising and analysing the ways in which this suffering can become a political object (Fassin 2004b; 2007c; 2012). And finally, Fassin conceptualises humanitarianism as a politics of life, through which different meanings and values are attributed to human lives – he thereby applies his reorientation of

Foucauldian analyses to the study of humanitarian systems, discourses and practices (Fassin 2007b; 2012).

Fassin's work is therefore particularly useful for conceptualising and analysing the actors, systems and practices of humanitarianism. Through a particular ethnographic study, this thesis seeks to draw on and extend his work, notably by focusing on humanitarian systems in the realm of the 'legal-illegal' and in relation to the sometimes divergent values given not only to human lives but also to systems that enable the government of these lives within a shifting (geo)political context. It also seeks to analyse ways in which humanitarianism, as a form of collective action, can be framed within a broader political struggle and search for social justice, and within attempts to obtain recognition for a particular system of values and associated politico-moral worldview.

The thesis thus investigates ways in which actors differentially situated in an international system of 'humanitarian government' – a system that can traverse the grey zones of borderlands and (il)legality – can be involved in contests over the attribution of value not only to human lives *per se*, but also to systems and practices that enable the government of these lives. As mentioned above, this study demonstrates the importance of analysing systems and flows through which humanitarian aid works from the perspective of values attributed to these systems by actors at different scales of analysis and in relation to wider political and geopolitical changes. In particular, comparing and contrasting state definitions of legitimacy (defined in terms of legality) with social definitions of legitimacy (defined in terms of (il)licitness) enables a fuller understanding of the functioning, development and evolution of cross-border aid, and of evolving politics of aid more generally. Such an analysis draws on work by Abraham and van Schendel, who highlight the need to transcend state-centric frameworks and analyse constructions of (il)licitness through different actors' attributions of value to systems and flows in which they are involved (Abraham and van Schendel 2005).

It is in the grey areas of the borderlands and at the peripheries of states' definitions of legality – in the marginal spaces that enable cross-border aid to function – that constructions of (il)licitness can become most pertinent (Abraham and van Schendel

2005). It is also within such marginal spaces and at times of significant (geo)political change that the sometimes divergent attributions of value by actors at different scales to systems that enable the government of human lives come to be highlighted. Attributions of legitimacy are linked to the values that actors attribute to such systems. In the ethnographic example presented in this thesis, values ascribed by Back Pack members to different actors, systems and practices are shaped by a history of violence. These values can clash or converge at different times with the frameworks and agendas of more powerful actors in an unequal system of 'humanitarian government' (Fassin 2012). The legitimacy that those more powerful actors attribute to different actors, systems and practices is, moreover, crucial in determining whether and how these come to be defined as humanitarian.

Thesis outline

Chapter 1 provides a brief history of international humanitarian systems and practices, as a way to situate the ethnographic study within wider debates on the nature and practice of humanitarianism. The chapter then outlines theoretical frameworks, concepts and tools utilised in the analysis. It describes how the thesis draws on, engages with and seeks to relate two main bodies of theory or conceptual frameworks: concepts from anthropological attempts to understand violence and suffering; and concepts from a critical anthropology of humanitarian discourses and practices. These two conceptual frameworks correspond roughly to Part 1 and Part 2 of the thesis, but the intention is also to demonstrate ways in which they can be put into dialogue. In particular, the thesis demonstrates how an analysis of historical factors behind agents' attributions of value to the actors, systems and practices they encounter in their daily lives can enable a better understanding of humanitarianism, of its actors and systems, and of dilemmas they face.

Chapter 2 outlines the historical backdrop and methodological approach for this research. It describes the context for the emergence of cross-border aid on the Thai-Burma border and for fieldwork conducted with Back Pack between December 2009 and March 2012. After decades of conflict and political instability, this period was one of potentially significant change for the people of Burma. National, regional and international shifts that occurred at this time were also essential to understanding an

evolving politics of aid. The chapter then describes the research methodology, which included long-term participant observation within Back Pack, as well as targeted interviews, discourse and narrative analysis, and research into what the organisation's leaders call their local-global partnerships. The chapter also details practical and ethical challenges negotiated during and after fieldwork, and discusses 'taking sides' as a methodological approach and personal response to working with people whose lives are framed by a history of violence, oppression and injustice.

The next five chapters encompass the research findings and an ethnographic account of Back Pack's system of cross-border aid at different levels, from the local to the global. The first two of these chapters (Part 1) focus on the individual and communal histories of the men and women who became part of Back Pack. They describe the ways in which these histories are central to the creation of an organisation that was and continues to be profoundly influenced by the politico-moral worldviews of its founders and members. Chapter 3 describes Back Pack's history and evolution up until the beginning of my fieldwork and within the wider politics of aid to Burma. Chapter 4 focuses on the life stories of different individuals within the organisation, and examines the influence of a history of conflict and violence on their worldviews and actions; it also analyses the institutionalisation within Back Pack of what is then revealed to be a particular vision of and for the world.

Chapters 5 to 7 (Part 2) focus on the politics of aid at different levels, as well as analysing cross-border aid from the perspective of the values and legitimacies attributed to different socio-political actors and systems by agents at different levels and in relation to (geo)political changes over time. In Chapter 5, two case studies are used to illustrate the ways in which Back Pack works in different target areas, and to highlight difficulties in applying internationally defined concepts such as neutrality or impartiality to a context shaped by decades of state violence, conflict and competing claims to socio-political legitimacy. This chapter also puts forward an analysis of the systems that cross-border aid works with and through, which takes into account local-level actors' attributions of value to the systems in which they are involved. Chapter 6 continues this analysis, as well as describing Back Pack's local-global partnerships and ways in which these enable the organisation's leaders to access international support. It

discusses the meaning of donor funding for those on the ground and potential costs that it might entail, as Back Pack's leaders seek international legitimacy for their 'humanitarian struggle'. Chapter 7 describes events after Burma's first elections in over twenty years, and ways in which an evolving politics of aid can entail shifting attributions of legitimacy, as well as attempts by powerful actors to redefine principles and practices labelled as humanitarian.

The Conclusion provides a discussion of the key findings of this research in relation to the questions and issues identified above. It examines what this particular ethnographic study reveals in terms of anthropological understandings of the politics of humanitarian aid, in terms of dilemmas and possible tensions in international humanitarian systems and practices, and in terms of ways to understand and potentially move beyond what is revealed throughout the following chapters to be an emotive and polarised debate.

CH 1: Humanitarianism, Victims and Politics: conceptual debates and approaches

This research consists of an anthropological study of a local NGO⁵ on the Thai-Burma border dedicated to providing what is commonly referred to as cross-border aid. Whether this type of NGO – and its ideology, systems and practices – might be qualified as ‘humanitarian’ was itself an issue of contention during my fieldwork. Tensions around the label ‘humanitarian’ and what it might confer in turn highlighted sometimes conflicting frameworks and agendas in an evolving politics of aid. The debate around cross-border aid, however, has to be understood in relation to the history of and contradictions in international humanitarian systems, evolving national, regional and international politics, and the individual and communal histories of the men and women involved.

This chapter provides an overview of debates and identifies approaches useful for addressing the research questions outlined in the Introduction. The first part of the chapter briefly reviews the genealogy of humanitarianism as it is more narrowly understood – as an international regime that evolved largely out of medical aid in conflict situations – in order to highlight competing frameworks and recurring tensions. The second part draws on two domains of anthropological theory, which are related in this research – the first emerging from medical anthropology’s engagement with violence and suffering, the second from anthropological studies of humanitarian actors, institutions, systems, discourses and practices. This section identifies approaches useful for conceptualising the perspectives and actions of individuals and groups who are at the same time subjects of political violence and agents in a system developed to mitigate its effects – the focus of this thesis being on Back Pack members, Back Pack as an institution, and the interplay between individuals, institutions and wider humanitarian systems. Finally, the chapter proposes an analysis of humanitarian actors,

⁵ Back Pack members and partners refer to the organisation as a Community-Based Organisation (CBO), reflecting its positioning as representative of the community (see Chapters 3-4). For the purpose of analysis, however, I use the more general term Non-Government Organisation (NGO) – referring to an organisation that is distinct from the state and market – and I draw on elements of the literature on NGOs, which are described below.

institutions, systems, discourses and practices, which takes into account a diversity of standpoints and frameworks, and relates the perspectives and actions of those on the ground to an evolving international political and moral economy.

A. Humanitarianism and politics: historical dilemmas, ongoing tensions

[E]very concept of humanitarianism, like every concept of what it means to be fully human, has a history and, more important, a historical context that we ignore at our peril (Rieff 2002: 67).

Humanitarianism has often been claimed to embody an ethic of humanity, uniting a search for inclusion of the ‘other’ within a common humanity with a refusal of indifference in the face of human suffering. For Rony Brauman, former president of Médecins Sans Frontières, humanitarian action thus concretises an ethic of solidarity, extending a fraternal hand to victims above and beyond ideological or other divides; humanitarianism is not a political issue and should remain distinct from politics (Brauman 2000). Such definitions, however, risk obscuring ways in which humanitarianism inevitably raises complex political and ethical questions.

Contemporary humanitarian systems are generally described as having developed out of the provision of emergency medical aid in conflict situations and the birth of the Red Cross at the end of the nineteenth century. Their philosophical underpinnings, however, can be traced further back⁶. The anti-slavery movement of the eighteenth and nineteenth centuries notably united a commitment to the idea of social reform with an ethic of active compassion tied to Enlightenment notions of individualism, Western liberalism and Christian morality (Redfield and Bornstein 2011). And it is a similar moral logic of compassion – emotive corollary and ethical response to human suffering – that is described as characterising the humanitarian ‘reason’ or discourse that came to dominate contemporary international politics (de Senarclens 1999; Fassin 2012; Revault

⁶ The historical evolution of humanitarianism as a philosophy has been analysed in particular by de Senarclens and Revault d’Allonnes (de Senarclens 1999; Revault d’Allonnes 2008). Detailed and critical genealogies of contemporary humanitarian systems have also been developed by a number of analysts (e.g. Fassin 2004b; 2012; Rieff 2002; Ryfman 1999; 2008).

d'Allonnes 2008).

Although it had historical precedents, “the project of nineteenth-century humanitarianism refashioned a matter of virtue into a moral and legal category focused on health care” (Redfield 2011: 59). After the creation of the Red Cross in 1864, the world wars and evolution of conflict during the twentieth century reinforced the perceived need to institutionalise systems for providing relief to conflict-affected populations (de Senarclens 1999). The interwar and post-World War II period saw the development of international and inter-governmental humanitarian systems, laws and practices; but even in early stages, the task of relieving conflict-affected populations was often relegated to emerging charity groups and associations, rather than government or inter-government systems. And as the configuration of international relations evolved, so too did definitions of effective and legitimate humanitarian systems and practices.

The Geneva Conventions of 1949 created the ‘humanitarian space’ of the International Committee of the Red Cross (ICRC), in that they “established the legitimacy of a neutral third party on the battlefield – the aid givers” (Rieff 2002: 69). The medical neutrality of these aid givers theoretically entails protection under International Humanitarian Law (IHL)⁷, as long as they demonstrate impartiality in the provision of assistance (Kalshovan 2007). The ICRC endorses the Fundamental Principles of the Red Cross, which include humanity, impartiality and neutrality (Pictet 1979). But while the definition of these principles is seemingly straightforward⁸, their interpretation and implementation is complex and often contested. The history of contemporary international humanitarianism can to an extent be read through disagreements and

⁷ The Geneva Conventions of 1949 and their Additional Protocols, along with the declarations and treaties following the 1899 Hague Peace Conference, provide a framework for what is now commonly referred to as International Humanitarian Law (IHL). The ‘Hague Law’ is concerned with the conduct of hostilities and establishes the principle of distinction between civilians and military targets – non-combatants being civilians as well as combatants who are sick or injured. The Four Conventions and their Additional Protocols are concerned with the treatment of victims of war, including wounded and sick members of armed forces, prisoners of war and civilians. The Geneva Conventions are addressed to states and “in so far as they reflect international customary law they are binding on all states, whether or not they are parties to the Conventions” (Makintosh 2000: 4).

⁸ Impartiality entails non-discrimination in the provision of aid, operationally translated into distribution of aid being proportional to need and level of urgency; neutrality is generally understood as not favouring any party to conflict, not allowing resources or areas under the control of the aid group to be used by warring parties, and a duty of tolerance towards all parties to conflict (Abel 1998; Plattner 1996; Terry 2002).

divisions concerning these principles – neutrality typically being the most contentious (Curtis 2001; Redfield 2011; Rieff 2002; Slim 1997; Weiss 1999). As revealed in following chapters, debates around cross-border aid on the Thai-Burma border often focus on the neutrality or non-neutrality of actors laying claim to the label ‘humanitarian’. At the international level, however, such debates are far from new.

The ICRC was constituted “around a moral response to the suffering of wounded soldiers and a commitment to circumspect operational neutrality” (Hutchinson 1996; Redfield 2011: 58). Historically, ICRC’s neutrality has also translated into a code of confidentiality – “the corollary of the authorization for it to intervene in conflict situations was an implicit secrecy clause”⁹ (Fassin 2012: 205; Leader 1998; Plattner 1996; Redfield 2006). Ethical dilemmas of this stance were highlighted when it transpired that ICRC staff knew about the concentration camps during World War II, but concealed this knowledge to preserve access to prisoners (Rieff 2002; Terry 2002). But it wasn’t until the Biafran war in the late 1960s that dilemmas around neutrality as confidentiality famously led to a split in the international humanitarian movement, when a group of French doctors broke away from ICRC to denounce what they saw as complicity to genocide. Médecins Sans Frontières (MSF) was created from this movement, with a vision to render humanitarianism borderless and independent from states (Redfield 2005; 2006). So while ICRC built itself around the emerging order of sovereign nation-states, MSF had implications of an “assertive moral vision that suggested humanitarian needs took precedence over political order” (Redfield 2006; 2011). Over time, MSF also became associated with the figure of the humanitarian as witness:

Whereas silence had long been seen as the condition for gaining authorization from all parties to the conflict to bring aid to military and civilian groups, to the extent that it had become virtually synonymous with neutrality, nongovernmental organisations were now on the contrary asserting not only their right but also their duty to speak publicly about abuses, crimes, and more broadly the breaches of the

⁹ The ICRC, however, does now recognise exceptions to the interpretation of neutrality as confidentiality (Harroff-Tavel 2003). And indeed, as described in Chapter 2, in the Burmese context the ICRC broke with its traditional stance of silence to denounce violations of International Humanitarian Law and state restrictions on access.

laws of war they were observing (Fassin 2012: 200).

MSF's *témoignage* implies an act of witnessing motivated by the refusal to accept human suffering; it is typically presented as deriving from universal moral obligation, rather than being linked to the pursuit of specific political objectives (Redfield 2006; 2011)¹⁰. Through its more outspoken brand of humanitarianism, MSF unites medical service provision with the promotion of what Redfield calls a 'motivated truth' – a truth that is intended to mobilise action and that combines

assertions of universalized moral sentiment and opinion with those of specific expertise, suggesting a modified relationship with traditions of objectivity and neutrality whereby truth might be proclaimed in open association with a point of view (Redfield 2006: 5).

For the likes of Rony Brauman, the role of humanitarianism, in addition to providing aid, is then to identify and denounce human suffering (Brauman 1996). But as discussed below, naming and publicising suffering can raise complex political and ethical dilemmas (Fassin 2012; Redfield 2006; Truchon 2007). The history of humanitarianism also needs to be understood in relation to choices that different actors and institutions make between the imperative of providing aid and that of denouncing suffering; while some see these as conflicting, others see both as key to humanitarianism (Redfield 2011; Rieff 2002). As illustrated in following chapters, Back Pack can be seen to fit within the second, more outspoken vein of humanitarianism, uniting witnessing with the provision of aid to conflict-affected populations; but in contrast to an international NGO like MSF, Back Pack is also tied to the history and politico-moral vision of a particular socio-political movement.

The Biafran response is also worth mentioning here in relation to another contentious concept in the history of humanitarianism: *ingérence* or the 'right to interfere'. In

¹⁰ Redfield describes MSF's complex relationship with neutrality, with the organisation simultaneously embracing and denying different aspects of the concept (Redfield 2011). MSF still maintains neutrality in its Code of Conduct and emphasises operational neutrality in the implementation of aid; but *témoignage* breaks with the Red Cross interpretation of neutrality as confidentiality. This aspect of MSF's work, Redfield argues, may not have been as pivotal to the organisation's beginnings as is commonly thought; but *témoignage* is now central to MSF's institutional ideology (Redfield 2011)

Biafra, NGOs provided aid in violation of state sovereignty and through cooperation with non-state armed actors, to access civilians who were denied assistance through a state-imposed blockade. Norwegian Church Relief initially sent aid from the Portuguese island of São Tomé in planes that were also used to carry weapons to the Biafrans (thereby violating Nigerian airspace and risking accusations of arms smuggling); the NGO justified this as made necessary by the blockade, which it denounced as an illegal weapon of war (Pérouse de Montclos 2009). By June 1969, a consortium of some thirty European and American NGOs had been joined by secular organisations like Oxfam and Save the Children, and were channelling aid to the Biafran enclave in violation of Nigerian sovereignty. Pérouse de Montclos contends, however, that these organisations ignored negative side effects of their actions:

The part played by humanitarian aid is reduced to the attempts to break the blockade and to advocate a right of intervention in order to save starving children (*ibid.*: 70).

The humanitarian response is argued to have legitimised the struggle for independence by Christian Igbo secessionists, who were erroneously portrayed through the international media as victims of genocide (De Waal 1997; Pérouse de Montclos 2009). The response also provided material and financial support to the secessionists, who were able to perpetuate their struggle to the detriment of civilian populations (De Waal 2008; Pérouse de Montclos 2001; 2009; Smillie 1995). These factors led analysts such as De Waal to argue that humanitarian NGOs were misled by and reinforced the military position and political legitimacy of the non-state armed actors (De Waal 1997).

The concept of humanitarian intervention was not new¹¹. But Biafra provided the first significant example of humanitarian aid provided by international NGOs – some of which had powerful government back-donors – in violation of sovereignty and through a non-state party to conflict, as well as raising issues to do with aid feeding into conflict. Subsequent international responses to conflict situations gave increased credence to the notion of a ‘right to interfere’ (Saillant 2006; 2007). In Ethiopia in the 1980s, for

¹¹ As emphasised by an increasing number of analysts, humanitarian discourses have long been used in foreign diplomacy and to frame international interventions (e.g. de Senarclens 1999; Pérouse de Montclos 2009; Rieff 2002).

example, assistance was channelled to the Eritrean Relief Association and Relief Society of Tigray – which acted under the protection and authority of the Eritrean People's Liberation Front and Tigrayan People's Liberation Front – to populations argued to be deliberately starved as part of the Ethiopian army's counterinsurgency campaign, and where official aid and the international media were manipulated by the Ethiopian state (De Waal 1994; 1997; Duffield and Pendergast 1994).

Humanitarian interventions were, moreover, taking place in an evolving international context. The Biafran response took place during the Cold War, when NGOs had to abide by the considerations of *Realpolitik* (De Waal 2007). The NGO movement's boom in the 1970s-80s contributed to a multiplication of actors who often went where more traditional humanitarian organisations could or would not go, and sometimes chose to work with non-state parties to conflict (Saillant 2007; Spearin 2008; Weiss 1999). With the end of the Cold War, humanitarian and development NGOs were often left to fill the vacuum left by world powers' disengagement from 'un-strategic' countries (Curtis 2001). The post-Cold War period also meant a more interventionist approach to international relations (Curtis 2001; De Waal 2007).

By the 1990s, the claim to a 'right to interfere' on humanitarian grounds had migrated from nongovernment to government terrain (Allen and Styan 2000; Redfield 2011). A different global situation had also emerged, with the collapse of the Soviet Union and the blurring of inter-intra-state warfare. 'Traditional' humanitarian models, which presume access on the basis of authorisation from a sovereign state power, were increasingly perceived to fall short (Weiss 1999). Indeed, the Geneva Conventions and Red Cross model largely presume civilian populations caught between warring state parties, rather than conflicts involving non-state actors and in which civilian populations are often deliberate targets of military operations (Duffield 1998; Macrae 1998; Redfield 2011; Rieff 2002). It was also in the 1990s that international politics were marked by increased humanitarian justification for military action and moves to legislate a moral 'right to intervene' (Fassin 2012; Redfield 2011; Saillant 2007).

In the post-Cold War context, influential actors had indeed begun to promote an interventionist humanitarianism, which could bypass sovereignty in the name of

mitigating human suffering (Rieff 2002; Saillant 2006). Bernard Kouchner popularised the framework developed by legal scholar Mario Bettati, who defended a right to intervene when governments violate the rights of their peoples. Bettati's vision was of a new interventionist world order, which would ensure unfettered access by humanitarian organisations to those in need (Allen and Styan 2000; Bettati 1992; 1996; Rieff 2002). During his time as Secretary General to the UN, Kofi Annan promoted a doctrine of state sovereignty as responsibility: states are deemed accountable to the international community for how they treat their people (Annan 1999; 2001). The principle of the Responsibility to Protect (R2P) was accepted at the 2005 UN World Summit – superficially substituting the earlier concept of a right to intervene with that of a duty to protect¹² (Chandler 2007). Supporters of the principle saw this as signifying the end of unbridled sovereignty and the concretisation of a global space of rights and responsibilities; but huge gaps remained between what Habermas calls norms and facts, the terrain of which was – and continues to be – negotiated by politics (Habermas 1996; Rieff 2002; Saillant 2006; 2007).

For Rieff, ideas of an interventionist humanitarianism and sovereignty as responsibility are utopian and based on flawed assumptions of an international community and system of enforcement:

The international institutions – first and foremost, the UN – and international treaty regimes are not the expression of community but of power. But just because these institutions exist does not mean any moral consensus exists, and, at least barring the institution of serious enforcement mechanisms, it seems unlikely that these regimes will ever have much force (Rieff 2002: 9).

History demonstrates that when a state engages in systematic abuses against civilian populations and/or denies humanitarian access – as in Burma, as described in following chapters – international laws in themselves are insufficient (Rae 2007; Saillant 2007).

¹² The principle of the Responsibility to Protect (R2P), itself an attempt to put Annan's idea of sovereignty as responsibility into a practical framework, was crystallised through a 2001 Canadian government-sponsored report on what were described as 'human rights protection operations', to replace the controversial notion of 'humanitarian intervention' (Chandler 2007; IDRC 2001). However, and as argued further below, the importance of the R2P framework should not be overstated and there have been multiple examples of it being ignored by world powers.

While R2P was claimed to institutionalise a moral order prioritising individual rights to protection, “it appears that the shift towards intervention under the ‘responsibility to protect’ is as much a pragmatic response to changes in *Realpolitik* as it is a response based on concern for the world’s victims” (Chandler 2007: 72). In the absence of a global governance and enforcement system, intervention is contingent on the (geo)political decisions of powerful states in an evolving balance of power (Chandler 2007; Slim 1997; Woodward 2001).

Since the logical extension of a consistently implemented R2P would involve world powers in dozens of humanitarian interventions around the world (backed by the threat/use of force), world powers typically intervene only when it is comparatively safe to do so and/or when their interests are at stake (Rieff 2002). The decision to channel aid in violation of sovereignty and in partnership with non-state parties to conflict – as in Biafra in the 1960s, Ethiopia in the 1980s, and Bosnia and Somalia in the 1990s, to cite some famous cases – is similarly contingent on political decisions of world powers, rather than consistent enforcement of international frameworks¹³. Even when intervention might be guided by a solidarity politics rather than clear (geo)political payoffs – as in the American intervention in Sudan in 2005-8 (De Waal 2010) – intervention remains “dictated by ‘might’ rather than ‘right’” (Chandler 2007: 72).

From the 1990s onwards, humanitarian intervention was nevertheless increasingly prevalent as a moral framework for political action (Curtis 2001; Saillant 2006; 2007):

Over the past two decades, humanitarian intervention has increasingly become part of the management of world affairs, Far from the traditional model of the Red Cross, which was both intimately bound with scenes of war and in principle neutral with regard to protagonists, contemporary forms of humanitarian action, however diverse, have in common a certain degree of difficulty in situating themselves in relation to military actors. Indeed, from Bosnia to Afghanistan, from Rwanda to Iraq, the very notion of “military-humanitarian” intervention has become a commonplace of the rhetoric used to justify what were previously known as “just

¹³ It is also worth noting that, despite the recognised changes in the nature of modern warfare, international frameworks remain for the most part concerned with state and not non-state actors (Bellal, et al. 2011).

wars” (Fassin 2012: 189).

In Bosnia, humanitarian action was described as a method to keep the Bosnians where they were, containing flight into neighbouring countries where Western powers would need to take care of them (Duffield 1994a; Rieff 2002). Here and in other contexts such as Rwanda during and after the genocide, humanitarian action became a substitute for military or political intervention – effectively letting world powers ‘off the hook’ (De Waal 1997; Duffield 1994a; 1999; Hendrickson 1998). Humanitarian discourses also framed military interventions and so-called preventative wars in Kosovo, Afghanistan and Iraq (De Waal 2007; Fassin 2012; Hoffman 2004a; Pugh 1998; Rieff 2002). And indeed, by the end of the early 2000s, analysts were describing humanitarian action as increasingly tied to political objectives¹⁴, “becoming an integral part of donors’ comprehensive strategy to transform conflicts, decrease violence and set the stage for liberal development” (Curtis 2001: 3; Duffield 2001; Fox 2001; Macrae and Leader 2002). Yet at the same time,

humanitarianism has become so much a master idea in the rich world that it cannot be viewed, even in the context of war, as merely an instrument policy makers deploy when it suits their purposes but to which they have no loyalty (Fassin 2012: 234).

By the 1990s, examples demonstrating that aid can feed into the political economy of conflict had also multiplied (Curtis 2001; Leader 1998; Pérouse de Montclos 2001). The types of dynamics outlined above for the Biafran conflict were repeatedly encountered in situations where humanitarians tried to address human suffering¹⁵. In particular, events in Rwanda in the lead up to and aftermath of the genocide shook humanitarianism to its core (Polman 2010; Prunier 2009; Terry 2002). Humanitarians

¹⁴ At a 2001 conference examining what were then considered to be new dimensions in the relationship between humanitarian aid and politics, experts identified a number of factors contributing to what they described as humanitarian assistance being increasingly used as a strategic tool to fulfil political objectives. These included: geopolitical changes; the changing nature of conflict; a redefinition of security that placed development at the heart of global security concerns; the perceived failings of humanitarian action in a number of emergencies; and domestic policy considerations of donor governments (Curtis 2001).

¹⁵ Many analysts have discussed the multiple ways in which humanitarian aid can ‘do harm’, particularly by feeding into the political economy of war – (e.g. Anderson 1996; 1999; Brauman 1996; De Waal 1997; Duffield 1999; Hendrickson 1998; Hoffman 2004b; Leader 1998; Macrae 1998; 1999; Pérouse de Montclos 2001; 2009; Polman 2010; Reed, et al. 2004; Terry 2002; Vaux 2001).

increasingly admitted that their assistance could become “intertwined with the forces that drive the conflicts that prompted the aid in the first place” (Anderson 1996: 344) – whether it was usurped by state or non-state fighters, fed into war economies, legitimised belligerents, or became a cover for international political/military action or inaction. Far from operating in a simple world of “wicked warlords, suffering and innocent victims, and noble aid workers” (Rieff 2002: 33), humanitarians had to contend with complex and generally unfamiliar situations in which they had to make often difficult political and ethical choices, and in which aid inevitably impacted on power relations at play (Jewsiewicki 2007). Increasing pessimism took hold of many in the humanitarian world who, as encapsulated in the title of a book by MSF Australia’s founder, questioned whether humanitarianism was not ‘condemned to repeat’ its errors (Terry 2002). At the same time, humanitarian actors increasingly argued that traditional principles of neutrality and independence were problematic if not impossible to apply (Curtis 2001; Slim 1997; Weiss 1999):

As all the cases illustrate, however, by the fact of their participation aid organisations were necessarily implicated in the larger political picture, particularly when in receipt of funds from governments pursuing a political agenda. Whether they acknowledged it or not, unless they intervened equally on both sides of a conflict or ensured that their aid accrued no benefit to a warring party – something impossible – aid organisations were supporting one side by default (Terry 2002: 220-221).

For some, any truthful implementation of Anderson's Do No Harm principle meant the death of humanitarianism (Anderson 1996; 1999; Macrae 1998; 1999). Others multiplied efforts to refine humanitarian practices in light of historical failures, with programmes like SPHERE¹⁶ and attempts to operationalise the Do No Harm framework – arguably technocratic answers to political problems (Rieff 2002). At the same time, humanitarianism was asked to do ever more, with the rise of rights-based approaches and actors inside and outside the industry calling for humanitarianism to take on a role

¹⁶ Established in 1997, the SPHERE project combines a new Humanitarian Charter and Minimum Standards in Humanitarian Response and aims to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations. <http://www.sphereproject.org/> – last accessed 12 September 2012.

in peace building, social reconstruction, development and other problems early humanitarian systems were never created to cure (Cox and Pawar 2006; Macrae 1998; Stockton 1998). By the end of the twentieth century, a crisis of humanitarianism had arguably emerged from a mismatch between what humanitarians were able to do and what they were expected or expected themselves to do (Rieff 2002). Critiques of humanitarianism multiplied, the industry was marred by an apparent identity crisis, yet humanitarianism continued to expand and proliferate (Barnett and Weiss 2008; Weiss 1999). By the time Back Pack was created in 1998 on the Thai-Burma border, humanitarianism as an ideal had achieved unprecedented reach and authority; yet

[a]ll of its historic certainties – the neutrality so prized by the ICRC, the notion that aid should be fundamentally apolitical and should have no other agenda than service and solidarity – are being questioned by aid workers themselves, as well as by outside critics (Rieff 2002: 24).

B. Towards a theoretical toolkit: anthropological approaches

The simplified outline above provides a historical and conceptual background for issues discussed in this thesis. It highlights ongoing tensions and divisions around humanitarian principles and practices, unresolved dilemmas concerning links between humanitarian and political/military actors, as well as ways in which (geo)political considerations – rather than consistently implemented humanitarian laws or frameworks – remain key to international humanitarian interventions. Such contextualisation is particularly important for the ethnographic example presented in this thesis. Indeed, at a time of significant but uneven and contested political change in Burma, Back Pack members had to grapple with questions concerning political neutrality, humanitarian intervention and state sovereignty, and legitimate humanitarian representations and practices – debates, which have shaped the history of international humanitarian systems but continue to raise complex and often unresolved political and ethical questions.

While important for situating this research, critiques by humanitarian experts and analyses of tensions in humanitarian systems often do insufficient justice to the rationalities behind the actions of the individuals and groups involved (Fassin 2012).

This research is therefore inspired by anthropologists like Redfield, Mosse, Fassin and Atlani-Duault, who ground analyses of aid practices, institutions and systems within an ethnographic focus on those within these systems¹⁷ (e.g. Atlani-Duault 2005; Fassin 2012; Mosse 2005a; Redfield 2005; 2012). Ethnography, moreover, enables a combined focus on the lives and worldviews of humanitarian actors with attention to inequalities underlying international politico-moral economies. Fassin provides examples of such an approach (e.g. Fassin 2007b; 2012), and as outlined below, this thesis draws heavily on but also seeks to extend his work – notably by focusing on humanitarianism in a particular space, at the margins of state definitions of legality, where considerations of legitimacy and value become particularly important.

In order to address the research questions outlined in the Introduction, and to explore ways in which some of the recurring dilemmas of humanitarianism play out within in a particular socio-political context, concepts from two bodies of theory are mobilised – the first emerging from anthropologists’ engagement with human suffering, the second from critical analyses of aid systems and institutions by anthropologists as well as humanitarian and development experts. Conceptualising humanitarianism as a mode of governing precariousness and a politics of life (Fassin 2012), this thesis explores the perspectives of actors whose deployment and redefinitions of humanitarian discourses and practices need to be understood in relation not only to the ‘ethnographically visible’ – to employ Farmer’s expression – but also in light of historical factors and an evolving international politico-moral economy (Farmer 2004).

Throughout the thesis, I employ the terms discourse and practice, drawing on ways in which these concepts were developed by Foucault, while recognising limitations to Foucauldian approaches¹⁸ (Foucault 1979; 1980; 1982; 1990). Anthropologists have

¹⁷ Within anthropology, increasing attention has been paid in the past decade to the heterogeneous discourses, practices and actors grouped together under the label ‘humanitarian’. Saillant, Atlani-Duault and Vidal, among others, have summarised evolutions and approaches in the anthropology of humanitarianism (Atlani-Duault 2005; Atlani-Duault and Vidal 2009; Saillant 2007).

¹⁸ Foucauldian history problematises the creation and subjection of subjects; it has often been interpreted as history without agency (Giddens 1984; Grillo 1997; Rossi 2004). Yet a closer reading of Foucault’s later work in particular reveals that this interpretation is perhaps misleading (Crossley 1996). In *The Subject and Power*, Foucault thus outlines the necessary interrelationship between agency and power, arguing that power is in fact only possible by virtue of agency: power requires a free actor in order to act upon his actions, or to conduct his conduct (Foucault 1982).

often drawn on Foucauldian theory to conceptualise aid systems as regimes of rationality, and explicit or implicit reference is sometimes made to Ferguson's depiction of aid as an anti-politics machine (Escobar 1995; Ferguson 1990; Grillo 1997; Saillant 2007). Humanitarianism has also been analysed as a new form of biopolitics¹⁹, but while such approaches open up a fertile domain of investigation, they tend to avoid what Rose calls the politics of life itself, and the ways in which this is associated with fundamental inequalities between human beings (Fassin 2006; 2007b; 2012; Rose 2001). As described below, this thesis therefore draws instead on approaches highlighting ways in which humanitarian discourses and practices can attribute different values and meanings to human lives (Fassin 2007b; 2009; 2012).

Another approach derived from Foucauldian theory consists of examining the construction and subjectification of subjects through discourses and practices of humanitarianism, and aspects of this are useful for this research. However, Foucauldian approaches have a tendency to reduce the subject to a type of 'docile body', product of power and forever bound to regimes of rationality and patterns of conduct that allow for no agency outside the terms of the dominant discourse²⁰ (Giddens 1984). Instead, it is a key intention of this research to recognise and engage with human agency in its complex manifestations and inevitable limitations, without however falling into the trap of ethnographic 'thinness' and reducing all human action to resistance (Brown 1996; Ortner 1995). As Ortner argues in her critique of concepts of everyday resistance developed notably by James Scott (Scott 1989), "resistors are doing more than simply opposing domination, more than simply producing a virtually mechanical *re*-action. They have their *own* politics" (Ortner 1995: 176-177).

Within this overall theoretical approach, this thesis draws on specific concepts and

¹⁹ Anthropologists who have drawn on Foucauldian approaches to problematise humanitarianism as a new form of biopolitics include for example Redfield and Pandolfi (Pandolfi 2002; 2003; Redfield 2005).

²⁰ Foucauldian theory has been criticised for its tendency to portray subjects as passive and devoid of agency. But as already mentioned, in *The Subject and Power*, Foucault outlines the necessary and fundamental interrelationship between agency and power, arguing that power is in fact only possible by virtue of agency (Foucault 1982). The very notion of power then presupposes some form of agency, and to reduce the Foucauldian subject to a mere 'docile body' is arguably to take works such as *Discipline and Punish* out of their wider context in Foucault's investigation of history as the creation of particular forms of subjects and particular types of subjectivities (Foucault 1979; 1980; 1982; 1990).

frameworks developed by a number of anthropologists, as well as humanitarian and development experts. The following sections outline these concepts and frameworks – with the order in which they are addressed roughly following the movement of discussion in this thesis: from the individual and communal level, via the institutional level and a particular ‘humanitarian encounter’, to the level of an international ‘humanitarian government’ conceptualised as a politics of life and politics of value.

1. Humanitarianism and suffering

Humanitarian discourses and practices are inevitably linked with attempts to define, respond to and represent human suffering (Barnett and Weiss 2008; Fassin 2012; Fassin and Bourdelais 2005; Saillant 2007; Truchon 2007). Drawing on medical anthropologists’ engagement with suffering, as well as recent anthropological studies of humanitarianism, this research relates people’s (hi)stories of suffering to ways in which suffering might be represented or constructed through discourses and practices of humanitarianism. It thus acknowledges the lived realities as well as the political significance of suffering (Fassin 2012).

a. Suffering, violence and the embodiment of history

This research focuses at an individual level on men and women whose life stories are framed by personal and communal experiences of violence, oppression and injustice. Through mechanisms described in this thesis, they become part of a system labelled as humanitarian and can be seen in various ways to bridge between, redefine and potentially challenge popular representations of ‘victims’ and ‘humanitarians’. To enable an analysis of such processes, I will briefly review anthropological approaches useful for conceptualising the experiences, understandings, and choices of people whose worldviews are framed by histories of violence, and for analysing humanitarianism as a politics of suffering and victimhood. This is particularly important because, as revealed through following chapters, individual and collective histories of violence and suffering are vital to Back Pack’s functioning, institutional ideology and positioning within an evolving politics of aid.

In American medical anthropology, the concept of social suffering²¹ was crystallised through the publication of three collective volumes: *Social Suffering, Violence and Subjectivity*, and *Remaking a World: Violence, Social Suffering and Recovery* (Das, et al. 2001; Das, et al. 2000; Kleinman, et al. 1997). Social suffering is said to “collapse old dichotomies – for example, those that separate individual from social levels of analysis, health from social problems, representation from experience, suffering from intervention” (Kleinman, et al. 1997: x). Social suffering thus

brings into a single space an assemblage of human problems that have their origins and consequences in the devastating injuries that social force can inflict on human experience. Social suffering results from what political, economic and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to social problems (Kleinman, et al. 1997: ix).

Violence and Subjectivity explores violence as that which makes suffering social: the experience of violence causes suffering, yet this cannot be limited to the immediate moment when violence is inflicted; experience comes also to be composed of memory, at once individual and collective, and of representations both intimate and shared (Das, et al. 2000). Anthropologists might then attempt to uncover individual and collective memories or histories of violence, as in the approach developed by Fassin and described below (Fassin 2007; 2008). And although faced with an incommunicability of pain arising from asymmetry of access to experiential knowledge²²,

[f]rom the perspective of theories of social suffering, such a preoccupation with individual certainty and doubt simply seems a less interesting, less important question to ask than that of how such suffering is produced in societies and how acknowledgement of pain, as a cultural process, is given or withheld (Kleinman, et al. 1997: xiii).

²¹ In *Et la Souffrance Devient Sociale*, Didier Fassin reviews the evolution of notions of suffering within medical anthropology (Fassin 2004a).

²² Examples of suffering’s relegation to the realm of the unsaid can be found for example in the work of Das (1997), in the collective publications by Nordstrom and Robben (1995) and McLean and Leibing (2007), as well as in ethnographies of political violence by anthropologists such as Langer (1997), Skidmore (2004; 2009) or Nordstrom (2004).

The concept of social suffering is also analysed in terms of ways it can be detached from human experience and instrumentalised for political and economic ends. Arthur and Joan Kleinman thus demonstrate how cultural representations of suffering can be appropriated by particular actors or political institutions:

The existential appeal of human experiences, their potential to mobilise popular sentiment and collective action, and even their capability to witness or offer testimony are now available for gaining market share (Kleinman, et al. 1997: 1; Kleinman and Kleinman 1991).

As described below, the instrumentalisation of suffering has been analysed as one of the politically and ethically ambiguous aspects of humanitarianism – and indeed a discourse of suffering and victimhood is revealed through this thesis as essential to Back Pack’s ideological coherence, as well as to the organisation’s practices and positioning in an evolving politics of aid. But before moving on to a more detailed discussion of literature useful for analysing the instrumentalisation of suffering, I will outline approaches to understanding impacts of violence – often expressed through the register of suffering – on the worldviews and actions of individuals and groups.

Anthropologists such as Feldman describe the formative nature of violence, which shapes people’s perceptions of who they are and what they are fighting for across space and time (Feldman 1991). Nordstrom and Robben, in their introduction to *Fieldwork under Fire*, contend that violence affects “constructs of identity in the present, the hopes and potentialities of the future, and even the renditions of the past” (Nordstrom and Robben 1995: 5). Scheper-Hughes, however, warns us that:

In writing against cultures and institutions of fear and domination, the critical thinker falls into a classic double bind. Either one attributes great explanatory power to the fact of oppression (but in doing so one can reduce the subjectivity and agency of subjects to a discourse on victimisation) or one can try to locate the everyday form of resistance in the mundane tactics and practices of the oppressed, the weapons of the weak²³ (here one runs the risk of romanticising human suffering

²³ Here, Scheper-Hughes is referring to James Scott’s ‘weapons of the weak’ (Scott 1989).

or trivialising its effects on the human spirit, consciousness, and will) (Scheper-Hughes 1992: 533).

A possible solution is presented through Fassin's work on HIV/AIDS in South Africa. Fassin draws on phenomenology²⁴, the paradigm of social suffering, and a critique of unequal global power systems lodged within a political economy perspective, to analyse the 'embodiment of history' – that is,

the way in which individual trajectories and collective histories are transcribed into individual and collective bodies, in terms of affects and emotions, disease and comfort, mourning and pleasure. In other words, it is the way through which social structures and norms inscribed in the long term of historical changes impose themselves on men and women, both in their everyday existence and in the meaning they give to their life and actions (Fassin 2008: 316).

The immediacy of the past in the present involves both the inscription of history – in terms of its structural inequalities, its violence, its injustices – into the lives and bodies of the present, as well as the elaboration of representations, discourses and narratives accounting for the course of events: "we may attempt to articulate what I have proposed to name condition (life embedded in the economic and social reality), on the one hand, and experience (life lived both individually and collectively) on the other" (Fassin 2007: 226). Moreover, "[t]here is no discontinuity between the two, since the historical condition informs the experience of history and reciprocally the latter gives its meaning to the former" (Fassin 2008: 317). Through his analysis of South African memories of apartheid, Fassin highlights the senselessness of opposing history to memory as truth to error or even as objectivity to subjectivity, and calls on us to examine the 'politics of memory' (Fassin 2008). The 'politics of memory' brings together the two different levels of memory distinguished by Ian Hacking – namely, the memory that is 'communal' and plays a major role in group identity based on founding events, and the

²⁴ To develop this concept, Fassin draws on Merleau-Ponty's *Phenomenology of Perception*, which brings forth the body proper as the immediate presence of the subject in the world, on Bourdieu's theory of the habitus, which provides a conceptual framework to consider the production and reproduction of socio-political inequalities, as well as broadening his conceptual apparatus by including the collective dimension of the Durkheimian social body and by drawing attention to the historical dimensions of cultural processes as theorised by Elias (Bourdieu 1990; Fassin 2007; 2008; Merleau-Ponty 1962).

other which is ‘personal’ and has to do with claims of knowledge about individual traces of the past (Hacking 1995). For Fassin, the ‘politics of memory’ are located at the intersection of the communal and personal (Fassin 2008) – and indeed, in the ethnography presented in this thesis, a politics of memory brings diverse individuals together within an institution, the ideology of which reflects personal and communal histories of violence.

In *When Bodies Remember*, Fassin applies his concept of embodied history to an analysis of the politics of HIV/AIDS in post-apartheid South Africa (Fassin 2007). The HIV epidemic highlights the persistence of the past in the present, especially the continued relevance of racial divides:

For children born in South Africa under apartheid, knowing the world in black and white is initially the consequence of their daily experience, which naturally depends on their own perception of the colour spectrum; only in a secondary intellectual move can they develop an analytic approach to justify or criticise racial inequality (Fassin 2007: 177).

Fassin takes us into the lives of those suffering from the disease and restores them as agents within unequal power systems, whose actions and reasonings need to be understood in light of their lifeworlds and the embodied past by which these are informed (Fassin 2007). The framework of embodied history allows for recognition of the effects of violence and deeply embedded structural inequalities on the individual’s understanding of and actions in the world, but it is not deterministic.

Drawing on this framework, the agency of individuals (and, possibly, of the institutions these individuals create) whose worldviews are framed by an embodied history of violence might then be understood as circumscribed by this history – yet there is still the possibility of agency. Fassin’s analysis, however, implies that an embodied history operates on a more or less subconscious level to guide individuals’ and groups’ worldviews, choices and actions – just like Bourdieu’s *habitus* has generally been read as implying a notion of agency in which the actor relates to socio-historical factors in an unconscious way (Bourdieu 1990; Giddens 1984). It can then be asked whether actors such as the Back Pack medics – and the collective actor that they create through their

coming together – might be able to not only develop a critical distance in relation to knowledge of the world ‘in black and white’, but might also utilise that critical distance to guide their actions and choices in a lived present. Indeed, the following chapters describe the ways in which Back Pack members’ vision of and for the world is profoundly influenced by an embodied history of violence; at the institutional level, this embodied history is not only a basis for the organisation’s ideological coherence, it is also deployed in a politics of victimhood that seeks recognition of and legitimacy for an articulated version of history and a specific vision of and for the world.

b. From suffering to humanitarianism as a politics of victimhood

As Saillant highlights, analyses of humanitarianism lead us to ask why the suffering of some counts more than the suffering of others, and how some victims come to be remembered while others are forgotten (Saillant 2007). Ways in which intolerance and indifference to human suffering are defined are historically and socio-politically contingent (Fassin and Bourdelais 2005; Fassin and Rechtman 2007). Through various writings, Fassin analyses the creation of the victim as a subject worthy of aid, notably through the medicalisation of distress and discourses of suffering and trauma (Fassin 2004b; 2007c; Fassin and D’Halluin 2007; Fassin and Rechtman 2007). Other anthropologists have also looked at the production of the victim-subject whose image, based on tropes of suffering and compassion, becomes mediatised for instrumental purposes (Boltanski 1993; Erner 2006; Foxen 2009; Kleinman and Kleinman 1991; Truchon 2007).

Discourses of suffering and victimhood have sometimes been described as sanitising violence and suffering, and depoliticising humanitarianism by reducing the latter to technical operations and ignoring longer-term political drivers of crises (De Waal 1997; 2008; Foxen 2009). They can conceal inequalities between aid givers and receivers, and reinforce images of victims as powerless or even pathological (Fassin 2012; Malkki 1995; Zarowski 2004). But while analyses of the construction of suffering or victimhood – and associated processes of subjectification – are enlightening, they can themselves reinforce an image of powerlessness (Saillant 2007). ‘Victims’ and those aiding them often use discourses of suffering as a moral basis to rally support and

access resources (Fassin and D'Halluin 2007; Salis Gross 2004). And it is in the suffering of those embodying violence that testimonials of injustice often find symbolic power (Fassin 2004b; 2007c; Fassin and Rechtman 2007). So while Englund argues that “in the overwhelming majority of actual situations, human beings detest the fate of the victim”, adopting a position of victimhood – as illustrated through Back Pack’s case in this thesis – can also be empowering (Englund 2005: 12).

Fassin’s recent studies are useful for conceptualising subjects and subjectivities constructed and negotiated through discourses and practices of humanitarianism. Fassin notably examines how, through their advocacy work, organisations like MSF establish themselves as witnesses, crystallising an unequal relationship between humanitarians who speak and victim-subjects who are spoken for²⁵ (Fassin 2004b; Fassin 2007c) –

In doing so, they illuminate, transform, simplify and dramatize the words of those they represent, in line with their ultimate objective, which is not so much to reconstitute an experience as to construct a cause. This construction is based on the legitimate principles of humanitarian intervention: the defence of victims and the appeal to emotions. [...] Even if they attempt to analyse the political issues involved in the situations they face, the register in which they set their public testimony corresponds logically to the way in which their legitimacy is constructed in the public arena: it is that of compassion. They speak of bodies, of wounds, of suffering (Fassin 2012: 221-226).

Fassin defines political subjectivation as “the production of subjects and subjectivities possessed of political meanings within social interactions” (Fassin 2012: 202). Analysing constructions, through medicalised discourses, of the subjectivity of the traumatised Palestinian youth, his analysis goes beyond the essentialisation of suffering and the moralist critique of a victimization of victims. It also recognises that violence can be understood through other lenses than suffering and trauma, and that people can

²⁵ Other humanitarian organisations – particularly organisations that have emerged from specific socio-political movements – try to avoid such distinctions, so Fassin’s analysis of MSF should not be taken as a general point about humanitarian organisations but rather an ethnographic example of a particular type of process that can be engendered through humanitarian witnessing. This example is particularly useful for conceptualising Back Pack’s humanitarian witnessing and the ways in which the organisation differs from an international NGO such as MSF, notably by collapsing distinctions between the victim and humanitarian through the figure of the victim-medic, as described in Chapter 4.

have multiple identifications – the Palestinian youth can be presented or present himself as a victim, a combatant, a martyr, etc. Referring to Judith Butler, he argues that the production of political subjects is inscribed in an irreducible tension between subjectivation and subjection: it “consists precisely in this fundamental dependency on a discourse we never chose but that, paradoxically, initiates and sustains our agency” (Butler 1997: 2; Fassin 2012: 203). Here – and given the relevance of this study in light of ethnographic data presented in following chapters – it is worth quoting him at length:

humanitarian testimony contributes to forming victim subjectivities to which social agents must make reference, including when they seek to make a demand for justice heard – in other words, precisely when they wish to move beyond the logic of compassion. This political subjectivation passes through a twofold operation in which the rules of the game are imposed [...] and through which these rules can be appropriated or even diverted (local actors adopt but adapt the vocabulary and representation they have not chosen but of which they can still make use). Humanitarianism was tending to produce a form of subjectivity devoid of historical subject. Palestinians took over this subjectivity precisely in order to demand what they were being denied: the status of political subjects (Fassin 2012: 222).

Fassin is not alone to have discussed the condition of victimhood, but his approach is particularly useful for analysing the subjectivity of the Back Pack medic – a figure who will be revealed to bridge between and potentially transcend common representations of ‘victims’ and ‘humanitarians’, creating a more complex and potentially controversial political subjectivity. Fassin’s approach also recognises the reality of individuals’ and groups’ experiences of violence, as well as the potential instrumentalisation of suffering and victimhood – with discourses of victimhood then being potentially empowering for the collective victim represented through an organisation such as Back Pack.

2. From individuals to institutions in the ‘humanitarian encounter’

Back Pack was created by individuals whose life stories are framed by experiences of violence, oppression and injustice. As illustrated in this thesis, these experiences are central to the values and ideology that guide Back Pack’s actions within a particular ‘humanitarian encounter’. In order to analyse Back Pack as an institution, as well as possible tensions that emerge when an organisation born of a particular socio-political context is institutionalised as a humanitarian actor accessing international donor funding, analyses of NGOs and their values and accountabilities are also useful.

a. NGOs as values-based organisations

Humanitarian NGOs can be understood as values-based organisations, promoting a particular vision of and for the world (Edwards and Sen 2000; Kilby 2004a; 2006; Lissner 1977). Lissner’s concept of *Weltanschauung*, which he argues is central to the functioning of voluntary associations, encapsulates this idea:

The *Weltanschauung* refers to the general outlook on the world – what the French would call “la optique” – on the basis of which agency policy-makers interpret trends and events. It emanates from religious beliefs, historical traditions, prevailing social norms, personal experiences, and similar basic sources of human attitudes (Lissner 1977: 74).

Values are also central to NGO legitimacy – the latter, for Atack, concerning “moral justifications for political and social action” (Atack 1999: 855). Kilby thus argues that NGOs’ values provide the basis for their legitimacy as advocates for social change, as well as determining the type and scope of their work (Kilby 2004a).

As Saillant notes in her introduction to a collection of anthropological studies of humanitarianism, increasingly diverse and complex arrays of actors, systems, ideologies, and practices are grouped together under the label ‘humanitarian’ (Saillant 2007). Such diversification entails complex compositions of agents, values and alliances, which need to be analysed for their specificities and in relation to international humanitarian systems and frameworks (Atlani-Duault and Vidal 2009;

Conoir and Verna 2002; Dauvin and Siméant 2002; Saillant 2007; Verna 2007). Dauvin and Siméant's analysis of humanitarian organisations and networks suggests that these are animated by a great deal of debate, revealing a plurality of values, actors, political perspectives, motivations and practices of humanitarianism (Dauvin and Siméant 2002). With the multiplication and diversification of actors described as humanitarian, and the proliferation of agencies working in contemporary wars, there has also been decreasing clarity and consensus in the identification and interpretation of principles to guide humanitarian action (Curtis 2001; Slim 1997) – and indeed this lack of consensus is essential to understanding the debate around cross-border aid on the Thai-Burma border. So instead of abiding by a strict interpretation of the ICRC's traditional principles, humanitarian actors now adopt a range of positions between neutrality and solidarity (De Waal 2007; Weiss 1999).

The heterogeneity of humanitarian actors should not, however, be taken for granted. Other analysts point instead to an increasing homogenisation of NGOs, driven by the international political agendas of donor countries on which they depend for funding, as well as other external pressures (e.g. Duffield 2001; Fowler 2007; Hulme and Edwards 1997; Spearin 2008). The study at hand focuses on a local NGO that emerged from a particular socio-political context and came to be linked into a network of international NGOs and donors. It then becomes essential to explore the specificities of this local NGO's own 'brand' of humanitarianism – and the values and *Weltanschauung* this is associated with – as well as ways in which it might be compelled to fit into definitions of humanitarianism, which are elaborated by actors with perhaps diverging frameworks and agendas.

A number of anthropological and sociological studies have analysed humanitarian NGOs as social institutions or networks with their own values and associated social structures and forms of solidarity. Verna's comparative analysis of humanitarian NGOs, for example, argues that divergent modes of operation can be linked to their founders' different visions of the world (Verna 2007). The founders' cultural, religious and political backgrounds are important in determining the types of interventions deemed valuable and possible, particularly during the organisation's beginnings. Over time, this initial *Weltanschauung* – to use Lissner's phrase (Lissner 1977) – may evolve in reaction

to political pressures, both internal and external. Verna's analysis is particularly useful for this study: the following chapters illustrate ways in which Back Pack's *Weltanshaung* is shaped by the formative experiences and embodied histories of its leaders and members, as well as how this vision might come under pressure from diverse fronts.

Another useful study is Malkki's ethnographic research among Finnish members of the ICRC. Makki demonstrates that even within this bastion of first generation humanitarianism, there can be a multiplicity of concomitant forms and associated historiographies of humanitarian action (Malkki 2007). She demonstrates that 'humanitarianism' can be driven by culturally specific forms of social solidarity, which coexist with the type of generalised human solidarity often assumed to be key to ICRC's ideology. Rather than justifying their actions as driven by a vocation to serve humanity, staff members more commonly relate these actions to a concept of international professionalism linked with a culturally specific model of solidarity. Verna and Malkki's studies thus highlight the value of analysing the politico-moral visions as well as the forms of solidarity that can become pivotal to the crystallisation of actions and institutions qualified as humanitarian.

In her ethnography of an international aid agency, Atlani-Duault argues that "[t]he dichotomy between locals and internationals, or that between NGOs and international development agencies, does not provide a satisfactory aid to the understanding of the discourses and practices of the world of development in the field. Developmentalist configurations²⁶ exist in networks and must be apprehended as such" (Atlani-Duault 2005: 34). It is through these networks that Atlani-Duault follows the development of an institutional ideology, which comes to frame the agency's programmes. She traces the construction over time of this ideology in and through collaboration, modification and contestation between practices, actors, organisations, and principles, which at times conflict and at others converge. Moreover,

²⁶ Atlani-Duault draws on de Sardan's developmentist configuration, defined as a complex ensemble of institutions, fluxes and actors, for which aid constitutes a resource, a job, a market, a stake or a strategy (de Sardan 2001).

The quotes included in this section are my translations of Atlani-Duault's original French publication (Atlani-Duault 2005).

[d]iscourses and practices are interlinked. The former are constructed through the latter; the latter are nourished by the former. Following this construction therefore requires following over several years the internal debates, the oppositions, the changes in course, the reversals in position and their reasons, the areas that are beyond debate and the reasons of their apparent untouchability (*ibid.*: 38).

Atlani-Duault's approach is particularly useful for analysing ways in which an organisational ideology might become most visible and be elaborated through its implementation and through the challenges it faces in an NGO's day-to-day workings. Her analysis also highlights the creative freedom of actors, anchored in but simultaneously enabled by their historical and cultural context, as well as an evolving palette of discourses and practices. As analysed by other anthropologists of aid²⁷, local actors pursue their own agendas through choices that need to be understood within their historical and cultural context, but are realised through opportunities that become available as they learn to manipulate the discourses of aid. Another example of this type of analysis is provided by Rossi's ethnography of a rural development project in Niger (Rossi 2004; 2006). Rossi illustrates how agents can adopt a critical stance vis-à-vis aid interventions, and unfold strategies commensurate with their positioning within a Bourdieusian field²⁸ formed by the 'development encounter', conforming to, manipulating, or trying to redefine the terms of these interventions (Rossi 2004).

These studies present additional tools for analysing Back Pack as an institution, which as discussed in following chapters is part of a multi-tiered network described as local-global partnerships. They suggest ways of conceptualising how specific systems of knowledge and practice might influence 'humanitarian' ideologies and actions; how institutional ideologies might develop and evolve through contestations and confrontations; and how agents unequally situated within what might be conceptualised

²⁷ Comparable approaches, which recognise the agency of local actors within unequal encounters created by aid programmes and systems, have also been developed by other anthropologists who have focused on aid and NGOs, such as David Mosse, David Lewis or Benedetta Rossi (e.g. Lewis 2010; Lewis and Mosse 2006; Rossi 2004; 2006).

²⁸ Bourdieu argues that all human action takes place in social fields – i.e. the various spheres of life, which have their own rules, regularities and forms of authority (Bourdieu 1977; 1984; 1990). The configuration of a particular field at any one time is determined by the distribution of capital among actors occupying different positions within it – this distribution determines agency; yet actors also continually reconfigure the field by pursuing agendas aimed at distinguishing themselves from others (Bourdieu 1977; 1984; Wacquant 1998).

as an unequal ‘humanitarian encounter’ can utilise, challenge and redefine discourses and practices of humanitarianism.

b. NGO values and the problem of multiple accountabilities

While humanitarian NGOs can be understood as organisations promoting a particular vision of and for the world, many analysts also point to increased professionalisation of the ‘aid industry’, with humanitarian organisations compared to businesses comprising moral entrepreneurs who compete for market shares on an increasingly stringent aid market (e.g. Collowald 2002; De Waal 2007; Gross-Stein 2008; Le Naëlou and Freyss 2004; Pandolfi 2002; Terry 2002). These processes can be conceptualised as potentially impacting on an NGO such as Back Pack’s ability to promote its specific vision of and for the world, with dilemmas often highlighted through the problem of multiple accountabilities.

With humanitarianism’s increased professionalisation, itself driven by increasing competition for government donor funding and tighter government regulation, it has been argued that some NGOs have adopted increasingly technocratic approaches, and that “[t]hose who intervene are no longer the representatives of victims but the specialists in their problems. Those “helped” are no longer those represented with a voice to be heard, but rather objects of expertise”²⁹ (Collowald 2002: s.p.; Eyben 2010). The extent to which particular NGOs might be analysed in these terms depends on a range of factors. Some NGOs might instead be seen, for example, to resist dependency on government donors, reject aspects of professionalisation and instead defend an ideology of volunteerism (e.g. Redfield 2012). However, government donors remain key sources of funding and make increasingly stringent demands for accountability and transparency, and for NGOs’ programmes to be demonstrably evidence-based and effective (Gross-Stein 2008; Jordan and van Tuijl 2006). This push for accountability and resulting technocratic approach to aid programmes has been argued to have sometimes absurd consequences:

²⁹ My translation (Collowald 2002: s.p.).

Theoretical and contested concepts such as civil society, capacity or policy become reified and then numbers assigned to the reification e.g. ‘state the number of policies influenced’. Answers are required to absurd value-for-money questions in which institutions are considered as if they were motor cars.³⁰

Goetz and Jenkins define accountability as relational, since it entails being answerable to others within a relationship of power (Goetz and Jenkins 2004). In other words, “[t]o apply accountability principles means to define who has the power to call for an account and who is obligated to give an explanation for their actions” (Newell and Bellour 2002: 2). Donors’ demands for accountability then often result in tension between the ‘upwards’ accountability of NGOs and their accountability to beneficiaries – and, when the NGO originates from a social movement, to the constituents of this movement (Gross-Stein 2008; Kilby 2004a; 2011; O’Dwyer and Unerman 2008).

As Kilby and others have noted, the implementation of results-based management using externally-determined tools and processes can leave little space for significant participation of beneficiaries or NGO constituents in project design, planning, or implementation (Kilby 2004b; 2011; Wandersman, et al. 2000). A managerial approach can “weaken or kill participation, ownership and local self-reliance” (Chambers, et al. 2001: 2). Studies of ‘empowerment’ have highlighted that while increased prominence of the latter as a stated ideal of aid programmes suggests that NGOs should be accountable to their beneficiaries, managerial approaches instead suggest increased accountability to donors at the expense not only of beneficiaries but also of the NGO staff’s ability to determine programme priorities and design (Kilby 2004b; 2006; 2011). Results-based management processes tend to “centre control (and power) with the donor, the source of resources, while empowerment endeavours to do the opposite” (Kilby 2004b: 208).

Recent efforts at the international level – led notably by advocates of the Big Push Forward³¹ – to render donors and international agencies accountable to beneficiary

³⁰ <http://hausercenter.org/iha/2010/10/11/the-big-push-back/> – last accessed 19 February 2013 (Eyben 2010).

³¹ The Big Push Forward is an “informal international network of practitioners seeking constructive ways to advance conceptually and methodologically development aid’s support of a fairer world, beyond the narrow bureaucratic

populations have the potential to mitigate some of these dynamics (e.g. Eyben 2010; Guijt 2010). But it remains important to analyse an organisation's ability – and/or the ability of individuals within the organisation – to set agendas, define priorities and influence outcomes, and to question what impacts donor requirements for accountability and transparency might have on the organisation's values and ability to implement these values. In Back Pack's case, such a questioning is important, in terms of highlighting possible conflicting accountabilities and agendas, as well as assessing the ways in which – in a changing (geo)political context – increased demands for 'monitoring and evaluation' might be linked with changing donor definitions of legitimate humanitarian practices and systems.

At the international level, analysts have often noted increased collaboration between larger humanitarian NGOs and donor governments on which they depend for funding (e.g. Duffield 2001; Fowler 2007; Hulme and Edwards 1997; Saillant 2007; Spearin 2008; Terry 2002). Rieff and others describe some European NGOs such as Oxfam and MSF as differing significantly from their American counterparts³², most of which historically took cooperation with the government for granted. During the Cold War, USAID funding for NGOs in Asia thus played a central role in the struggle for 'hearts and minds'; and in the post-Cold War period, the rhetoric of American NGOs "continued to reflect the US government position, which now asserted a foreign policy based on globalisation, free markets, democratic openings and human rights" (Charny 2004; Rieff 2002: 114; Stoddard 2003).

Analysts have also described a withering of NGOs' abilities to present alternatives to government donors' agendas, particularly within a context of increasing 'securitization' of the international aid system in the post-9/11 period, with aid placed alongside foreign

protocols that assume guaranteed predictable outcomes". It was created out of discussions at a meeting at the Institute of Development Studies in September 2010 as 'the Big Pushback' against what a number of influential development practitioners saw as a narrowing of what is valued and how value is measured. <http://bigpushforward.net/about> – last accessed 16 January 2013.

³² Rieff argues that the International Rescue Committee (IRC) – referred to during the Cold War as IRCIA by European aid workers – like "many other mainline US relief organisations, collaborated so intimately with the organs of the American government that knowing where the NGO ended and the government agency began was always difficult to determine and remains so" (Rieff 2002: 114). British and French NGOs, in contrast, often had a history of fiercely guarded independence from and/or opposition to states.

politics and diplomacy as part of the ‘integrated solutions’ of world powers (Fassin 2012; Fowler 2005; Macrae and Leader 2002; Slim 2004; Spearin 2008):

In the light of the ever deepening reliance of NGDOs³³ on official forms of aid, serious questions arise from the growing integration of overseas development assistance (ODA) into a comprehensive security strategy for the West. Such a strategy is not uniformly employed by each donor country within the Organization for Economic Cooperation and Development (OECD). Nevertheless, the contours of an emerging development for security agenda (DfS) seem likely to shape the possibility of NGDOs either offering or becoming alternatives (Fowler 2007: 112).

More generally, Fassin speaks of a “humanitarianisation of international crisis management and the parallel politicization of the nongovernmental humanitarian field” (Fassin 2012: 224). It might then be asked whether it is the case that “[t]he most powerful NGOs, while claiming their autonomy, are often subservient to the dictates of their donors, the governments and inter-intergovernmental organisations, even though they assert the autonomy of thought and action of civil society” (Saillant 2007: 8). These questions, as revealed in following chapters, are important for unravelling the politics of aid – particularly in a context where a local NGO gains access to government donor funding via international NGOs that to greater or lesser degrees might be seen as instruments in those donors’ foreign policies (policies, which might at different times clash or converge with the local organisation’s *Weltanschauung*).

³³ I.e. Non-Government Development Organisations. Fowler includes relief agencies in his analysis of NGDOs (Fowler 2007).

C. International ‘humanitarian government’: politics of life and politics of value

For Fassin, a moral economy centred on ‘humanitarian reason’ came into being in the last decades of the twentieth century and is associated with “[a] mode of governing that concerns the victims of poverty, homelessness, unemployment, and exile, as well as of disasters, famines, epidemics and wars – in short, every situation characterized by precariousness” (Fassin 2012: x). This ‘humanitarian government’ is distinguished by the deployment of moral sentiments in contemporary politics: “humanitarianism has become a language that inextricably links values and affects, and serves both to define and to justify discourses and practices of the government of human beings” (*ibid*: 2)³⁴. As such, ‘humanitarian government’ includes the actions of NGOs, states, international agencies and individuals.

Fassin also notes of humanitarianism that “[e]mpirically, it is a notion with variable morphology, a sort of ethical object with high added value, to which many agents lay claim in order to define and justify their actions” (*ibid*: 189). Its temporality is that of emergency; its object is to save lives – “the powerful legitimacy with which it is invested derives from the fact that it can point to those rescued from death due to famine, epidemic, or injury” (*ibid*: 189) And “it operates in both the emotional registers and the registers of values, what people feel and what they believe” (*ibid*: 189). Yet humanitarianism is fundamentally paradoxical, uniting a politics of inequality with a politics of solidarity – “[t]his tension between inequality and solidarity, between a relation of domination and a relation of assistance is constitutive of all humanitarian government” (*ibid*: 3). Taking into account these tensions, he argues, we need to analyse processes through which ‘humanitarian government’ not only accords value to bare life in Agamben’s terms, but also designates those lives worth saving and accords differential ontological value to different human lives (Agamben 1998).

Fassin thus analyses humanitarianism as a politics of life – “politics that bring into play

³⁴ Fassin defines government in a loose sense, as procedures and actions to manage, regulate and support the existence of human beings (Fassin 2012)

differentiated meanings and values of human lives” (Fassin 2012: 226). Theoretically, in the face of suffering, “humanitarian organisations call for a politics of life that re-establishes solidarity between human beings and gives equal value to lives” (Fassin 2012: 241). Yet Fassin’s study of MSF’s decision-making concerning the maintenance of operational staff in Baghdad during the US invasion demonstrates ways in which, although supposedly dedicated to a preservation of life *per se*, humanitarian agencies establish hierarchical distinctions between lives to be risked (the humanitarians) and those to be saved (the victims) (Fassin 2007b; 2012). Within the former, there are also hierarchies of value, the lives of local staff being more readily sacrificed than those of international experts. Humanitarianism can also be analysed as a politics of life

in the sense that, first, it takes as its object the saving of lives, which presupposes not only risking others but also selecting those that have priority for being saved (for example, when drug supplies are insufficient); and second, it champions causes publicly, which implies not only neglecting other ones but also constructing them by choosing the best ways of representing the populations assisted (for instance, as victims rather than resistance fighters) (Fassin 2007b; 2012: 226).

While drawing on this approach, this thesis also seeks to expand Fassin’s analysis of the attribution of values within and through humanitarian systems. It does so by focusing on humanitarianism at the margins of state definitions of legality, where differential attributions of value to the systems and flows in which actors are involved become particularly pertinent (Abraham and van Schendel 2005). The thesis thus investigates the ways in which actors differentially situated in an international system of ‘humanitarian government’ – a system that can traverse the grey zones of borderlands and (il)legality – can be involved in contests over the attribution of value not only to human lives *per se*, but also to systems and practices that enable the government of these lives.

To enable such an analysis, the thesis draws on work by Abraham and van Schendel, who highlight the need to transcend state-centric definitions of legality and instead discuss constructions of (il)licitness through different actors’ attributions of legitimacy to systems and flows in which they are involved (Abraham and van Schendel 2005). Attributions of legitimacy are linked to the values that actors attribute to such systems

and flows. In the ethnographic example presented in this thesis, values ascribed by Back Pack members to different actors, systems and flows are shown to be shaped by an individual and collective memory of state violence and oppression. These values can clash or converge at different times with the frameworks and agendas of more powerful actors in an unequal system of ‘humanitarian government’. So although Abraham and van Schendel’s conceptual framework was developed from an analysis of transnational criminal networks and flows, this thesis demonstrates that an adaptation and expansion of this framework allows for a better understanding of cross-border aid on the Thai-Burma border, of evolving politics of aid to a once-pariah state, and of the politics of an unequal system of international ‘humanitarian government’.

D. Summary of an approach

The ethnographic study presented through this thesis needs to be contextualised within the historical evolution and recurring dilemmas of humanitarianism – and in particular, within unresolved tensions concerning the relationship between humanitarianism and politics. As described in the first part of the chapter, debates concerning ways in which aid can potentially ‘do harm’ are far from new, as are humanitarian dilemmas in contexts where civilian populations are deliberate targets of state violence and/or are denied access to aid. Historical precedents suggest that humanitarian interventions are contingent on political and geopolitical considerations. Interpreting humanitarianism as a pure ‘ethics of humanity’ or as a global ‘business’ ignores the political nature of humanitarian aid, even when this is presented as neutral and impartial. But ‘humanitarian government’ is also part of a fundamentally unequal political and moral economy, and it is within this understanding that particular humanitarian systems and practices need to be explored (Fassin 2012).

The diverse approaches summarised above are useful for understanding an ethnographic context where individuals, activist movements, local and international NGOs, transnational networks, and international geopolitical interests shape a particular ‘humanitarian encounter’. Through this thesis, two main domains of theory are brought into dialogue – the first emerging from medical anthropology, the second from critical anthropological analyses of humanitarianism. With these conceptual tools, the thesis

explores the possible impacts of an embodied history of violence on the worldviews, perspectives and choices of humanitarian actors and systems. Drawing on ethnographic examples mentioned above, the thesis analyses the discourses and practices of humanitarian actors and NGOs – both within Back Pack and within a specific ‘humanitarian encounter’ formed by its local-global partnerships, where actors pursue sometimes conflicting, sometimes converging agendas, which need to be understood in their historical and socio-political context. The actions of local-level actors are related to international frameworks and definitions of humanitarianism, as well as evolving (geo)political considerations. And anthropological approaches to humanitarianism as a politics of victimhood are utilised to examine constructions and contestations of humanitarian subjects and subjectivities. Through these combined approaches, the thesis thus explores the contemporary multiplicity of discourses and practices of humanitarianism, and the ways in which differentially situated actors grapple and engage with sometimes contradictory frameworks in what can be understood as an unequal politics of life and politics of value.

CH 2: From Burma to the Border: background and methodology

A few years ago, I knew little about Burma's disputed borderlands. I was working for an INGO in Bangkok that specialises in capacity building for emergency management. The INGO secured funding to invite two medics from Mae Tao Clinic and one from Back Pack to a training in Public Health in Complex Emergencies. Participants from countries as diverse as East Timor, Ethiopia, Burma, Sudan, Indonesia, India and Thailand all worked in providing healthcare to displaced populations. Most were local staff of NGOs working in emergency situations and a key emphasis of the course was on sharing experiences.

One afternoon, the Back Pack medic showed us a video. The film, with English-language voiceover, showed grainy, jerky footage of medics trekking through the Burmese jungle, large woven baskets of medication on their backs, tending to pregnant women and children displaying classic signs of malnourishment. It highlighted a 'chronic emergency' in Burma's border areas, driven by government disinvestments in health and human rights abuses targeting ethnic minority communities. A man injured by a landmine, carried in a makeshift stretcher by a team of medics, was just one of the casualties of decades of conflict and abuse. In a context where local populations lacked health services and international organisations were denied access, Back Pack was described as providing basic healthcare. But the narrator explained that the medics were at risk: several had been killed by *Tatmadaw*³⁵ soldiers, others by landmines; and although Back Pack was providing lifesaving care, only a political resolution to conflict and abuses would end the suffering of ethnic minority communities. At the end of the video, the lights came on. The room was quiet. One participant – a tall Sudanese man who had previously told us of the time he was kidnapped while working in Darfur – rose, walked to the front of the room, and embraced the Burmese medic.

Like many others when they first hear about Back Pack, I became fascinated by this

³⁵ *Tatmadaw* is the official Burmese name of the Myanmar Armed Forces.

model of 'humanitarianism', where local medics considered illegal by the Burmese state provide healthcare in the absence of international aid and seem to embody the dedication and selflessness often claimed to be lost in the modern aid industry. After learning more about Burma's disputed borderlands, I went to Mae Sot, on the Thai-Burma border, and met with Back Pack's leaders. They agreed for me to conduct research in their organisation. In this chapter, I will outline the context and approach for the resulting research – the historical and political backdrop to Back Pack's story, and the methodology for research into what I quickly found is a polarised, politicised and often emotive issue.

A. The evolving politics of aid to Burma

The debate around cross-border aid needs to be understood in the context of Burma's volatile political history and evolving international politics and policies towards the once-pariah state. Until recently, Burma was portrayed in Western media as almost a caricature of the Orwellian state. The junta had repeatedly demonstrated its ruthlessness, using brute force, surveillance, propaganda, censorship and draconian laws to preserve its predatory grip on power. Daw Aung San Suu Kyi was and remains an international icon of peaceful struggle for democracy and human rights. To many, this was Burma: a land of good versus evil, where democracy and human rights would hopefully triumph in the end. But in recent years, the analysis of political change in Burma and of appropriate methods to deliver aid within this complex and dynamic context became so polarised that at times it seemed almost impossible to get a balanced picture of reality in the Golden Land.

1. Conflict in border areas

The time during which I conducted fieldwork, between December 2009 and March 2012, was a time of significant albeit uneven and contested political change in Burma. Repressive military dictatorships had been in power since General Ne Win's coup in 1962. The junta – under the name first of State Law and Order Restoration Council (SLORC) and then the more 'friendly'-sounding State Peace and Development Council (SPDC) – was infamous for its iron-fisted grip on power and repression of democratic uprisings. The most notorious of these were the 1988 student-led uprisings and the 2007

Saffron Revolution, both of which ended in brutal military crackdowns and the arrest, imprisonment, and killing of demonstrators. In the country's border areas, conflict had also been ongoing for decades, but had typically received less international attention.

Since British decolonisation in 1948, Burma's ethnic minorities have been largely marginalised from national politics³⁶. A succession of Burman-dominated regimes implemented a "policy of Burman ethnocentrism and Burmanisation", and attempted to extend control over ethnic minority groups in the country's resource-rich borderlands (Callahan 2003; Fink 2001; Gravers 2007; Pedersen 2008b: 56; Rae 2007; Skidmore 2004; South 2008). Conflict between state forces and ethnic nationalist groups began in the late 1940s. Most notoriously, the Karen National Union (KNU) and its armed wing, the Karen National Liberation Army (KNLA), launched its struggle for independence in 1949³⁷ (South 2011). In the early 1960s, following General Ne Win's military coup and in response to the central government's rejection of federalism, conflict spread between state forces and other ethnic nationalist movements in border areas (Smith 2007).

In 1965, Ne Win initiated the Four Cuts Policy in areas where resistance groups were active, designated as black or brown zones³⁸ (Callahan 2003). The Four Cuts Policy became the blueprint for counterinsurgency strategies throughout the following decades. The aim was to cut flows of funds, food, information and recruits between resistance groups and local communities, and to increase state control over economically useful populations and regions (Callahan 2003; Rae 2007). Forced displacement of civilians from contested areas to relocation sites more firmly under state control became central to this policy, often accompanied by confiscation of land and property, physical and sexual violence, summary executions, forced labour and compulsory contributions to

³⁶ The Burmans or Bamar were and remain the majority ethnic group in Burma, but a great number of ethnic minorities occupy approximately half of the country's land area, predominantly along the borders. The larger ethnic minority groups include the Karen, Karenni, Chin, Kachin, Mon, Rakhine and Shan (a description of the political history of Burma's main ethnic minority groups is provided notably in South 2008).

³⁷ The KNU's aim was initially independence. Since 1976, however, the KNU has called for a federal system rather than an independent Karen State (South 2011).

³⁸ The SLORC and later the SPDC classified regions in the 'ethnic states' into three different categories: white zones were those under *Tatmadaw* control; brown were contested areas; and black were areas over which the *Tatmadaw* had little to no control. The latter were designated as free-fire zones, where the military was instructed to shoot anyone – soldier or civilian, armed or unarmed – on sight (Rae 2007).

the *Tatmadaw* (Hull 2008; Rae 2007). Since the late 1990s, *Tatmadaw* battalions were also required to be self-sufficient, prompting troops to 'live off the land', appropriating food and other supplies from local populations and further exacerbating conflict, displacement and impoverishment in already unstable areas (South 2008).

Over half a century of conflict led to increasing militarisation of a complex array of state and non-state actors in border areas (Smith 2007). After 1989, a number of armed ethnic nationalist groups negotiated ceasefires with the government. In the second half of the 1990s, this resulted in an increasingly complex patchwork of armed groups, as resistance movements splintered and a number of armed groups or factions of existing groups negotiated ceasefires while others continued active resistance (Callahan 2007; Smith 2007; South 2008; 2011). Ceasefires enabled groups to retain arms, to maintain localised control over parts of the borderlands, and to finance their armies through control and taxation of trade or trafficking routes. At the same time, ceasefire groups provided the state with a means of indirect control over resource-rich areas and vital trade routes (Duffield 2008).

Groups that continued to engage in armed resistance throughout the 1990s and 2000s included the Shan State Army-South (SSA-S), the Karenni National Progressive Party (KNPP), the Chin National Front (CNF) and the Karen National Liberation Army (KNLA). The KNLA – armed wing of the Karen National Union (KNU) – became the largest resistance group in Burma, continuing to fight the *Tatmadaw* along the border with Thailand. It was, however, severely weakened after a faction of its troops broke away and formed the Democratic Karen Buddhist Army (DKBA) in 1994, ostensibly in reaction to discrimination by the KNU/KNLA's Christian leadership against the Buddhist rank and file of the Karen insurgency (South 2008; 2011). Shortly afterwards, the DKBA signed a ceasefire with the government and was instrumental in orchestrating the 1995 fall of Manerplaw, former KNU/KNLA headquarters. After the fall of Manerplaw and scaled-up *Tatmadaw* offensives in Karen State in the second half of the 1990s, the KNU/KNLA retreated further towards the Thai border, and increasing numbers of Karen and other ethnic minority communities fled to camps for Internally

Displaced Persons (IDPs) along the border or shelters for people fleeing fighting in Thailand³⁹.

When I began fieldwork in late 2009, there was a feeling among many activists on the Thai-Burma border that things would never change for the better. Popular uprisings had been crushed, the results of the 1990 elections – won by Aung San Suu Kyi’s party, the National League for Democracy – had been denied, and many members of the democratic opposition were in prison or exile. There appeared to be an increasing sense of desperation as armed groups like the KNLA or SSA-South vowed never to surrender but had lost territorial control and financial autonomy. Some 150,000 people were in temporary shelters in Thailand, and a whole generation was growing up in exile⁴⁰.

In May 2008, just days after Cyclone Nargis devastated Burma’s Irrawaddy Delta region, the junta had also held a controversial referendum to approve a new Constitution. The latter was criticised for ensuring continued military rule by placing executive power in the hands of the National Defence and Security Council, reserving 25 per cent of seats in Parliament for the military, providing no independent judiciary, and including guarantees of immunity for the military (Matthieson 2011). The Constitution also called for ceasefire groups to either lay down their arms or become part of a centrally-controlled Border Guard Force (BGF) (South 2011). The BGF plan meant that ceasefire groups would be subsumed under a centralised state army; leaders of these groups would become subordinate to *Tatmadaw* officers, and would lose control over trade and trafficking routes that had enabled them to maintain financial independence, enrich themselves and arm their troops. Throughout 2009 and 2010, the SPDC issued repeated deadlines for ceasefire groups to either join the BGF or face military reprisals. Tensions escalated in parts of the borderlands, ceasefire groups built up their troops and arsenals, *Tatmadaw* battalions were sent to reinforce strategic

³⁹ Thailand is not a signatory to the 1951 Refugee Convention and does not legally recognise refugees within its borders. There are, however, currently nine Temporary Shelters for People Fleeing Fighting on Thai soil. Many of the people in these temporary shelters have been displaced in Thailand since the 1980s and 1990s.

⁴⁰ The number of people living in the nine temporary shelters in Thailand is a debated and controversial issue. Non-official estimates based on feeding figures place the number at around 150,000, almost twice the official government figure (see notably TBBC’s camp population figures: <http://www.tbtc.org/camps/populations.htm> – last accessed 18 Sept 2012). Since November 2005, Thai authorities have not allowed new arrivals to register or receive any form of documentation, resulting in a growing population of undocumented and effectively illegal camp inhabitants.

positions, and there were fears that the country would collapse into all-out civil war. Meanwhile, in August 2010 – eight months after I started fieldwork – the junta announced that the country’s first democratic elections in over twenty years would be held that November.

2. A polarised debate and two aid paradigms

Myanmar has been associated with war and ethnic conflict for over half a century. This war is now as much global as it is local. Besides physical violence, it also embraces a battle of ideas, identities and values. A defining feature of this internationalized battlespace is its polarized nature. Within this globalized arena a military dictatorship – the SPDC – confronts a range of external political activists and international human rights lobby groups. The territory upon which these warring parties have pitched their tents, and on whose behalf they claim to speak, are the peoples of Myanmar. Myanmar – or Burma – is an internationalized battlespace where the peoples’ multiple masters have established competing regimes of truth and legitimacy (Duffield 2008: 6).

Duffield describes Burma as afflicted by a chronic emergency driven by totalitarian rule and the exercise of arbitrary personal authority – where “people and communities are wantonly exposed to danger and the irrelevance of their being” – in the absence of a compensatory public welfare system (Duffield 2008: 2). The state’s counterinsurgency campaign in border areas was historically accompanied by systematic and widespread abuses targeting civilian populations, such as forced displacement, destruction or extortion of villagers’ property, forced labour and forced conscription – including forced conscription of child soldiers – arbitrary arrest and detention of civilians, summary execution, rape and torture⁴¹. Together with decades of military (mis)rule and

⁴¹ Widespread and systematic human rights abuses by *Tatmadaw* forces and their allies have been extensively documented by local and international organisations. In 2006, the then UN Special Rapporteur on Human Rights in Myanmar, Paulo Sergio Pinheiro, reported to the UN General Assembly that crimes such as sexual violence, forced labour, and child soldiering had been “widespread and systematic over the last decade so as to suggest they are not simply isolated acts of individual misconduct of middle or low rank officers but rather the result of the upholding of a system under which individuals and groups have been allowed to breach the law and human rights without being held to account” (UNGA 2006: 10). This assessment of human rights violations as being widespread and systematic was reiterated in 2010 by Tomás Ojea Quintana, the subsequent Special Rapporteur, who took the further step of calling for a Commission of Inquiry into possible war crimes and crimes against humanity in Burma (UNGA 2010).

Historically less well documented are abuses perpetrated by armed non-state actors not aligned with the state, as well as the relationships that the latter have with populations they claim to be fighting for. This is partly due to practical

disinvestment in health infrastructure and services, this resulted in a context where violence was a fact of life and had long-lasting effects on the health and welfare of local communities (Beyrer and Lee 2008; Checci, et al. 2003; Lee, et al. 2006; Skidmore 2003; Stover, et al. 2007).

a. Humanitarian needs, access and aid to a pariah state

There has historically been a paucity of independent data on health and other conditions of communities in Burma, particularly in remote and disputed border areas. Health aggregates for the country as a whole suggest a dire situation: outside of Sub-Saharan Africa, Burma was second to Afghanistan for child mortality rates in 2008 according to UNICEF⁴²; but this does not reflect conditions in remote and disputed areas, where organisations like UNICEF were historically denied access. Data from these areas generally comes from organisations with links to ethnic nationalist groups, since authorisation and protection from these groups are typically needed to access disputed areas and areas under their control. For this reason, this data is sometimes questioned⁴³.

However, organisations collecting data in these areas derive credibility from many years' experience on the ground and endorsement by international donors and academic institutions. The Thailand Burma Border Consortium (TBBC) publishes annual surveys of displacement in eastern Burma, and in recent years has investigated impacts of displacement on food security and poverty (TBBC 2009; 2010; 2011). In 2009, TBBC estimated that at least 470,000 people were displaced in eastern Burma, with at least 111,000 hiding in the jungle⁴⁴. As described in following chapters, Back Pack was the

limitations in the collection of data, as well as ideological biases that have to an extent dominated Burma lobby groups in exile as well as human rights and activist communities. However, even the most realistic analysts tend to recognise that while non-state armed actors including resistance groups have also committed abuses and crimes, the scale and systematic nature of these is nowhere near the level of abuses perpetrated by *Tatmadaw* troops and their allies (e.g. HRW 2011).

⁴² http://www.unicef.org/sowc08/docs/sowc08_table_U5MR.pdf – last accessed 18 September 2012.

⁴³ Some people I spoke to during my research – particularly INGO and donor representatives critical of cross-border aid – if not entirely dismissing data from groups like TBBC and BPHWT, argued that their findings are representative of only a small proportion of Burma's population. They argued that the data is biased by the fact that surveyors have to travel with armed escorts, which can influence information given by community members. A more cynical view is that these groups are publishing data that is beneficial to them in attempts to secure international donor funding.

⁴⁴ At the time, TBBC also estimated that some 128,000 people were displaced in government-controlled relocation

first organisation to conduct a systematic population-based health survey in eastern Burma (BPHWT 2006). The under-5 mortality rate in black zones of eastern Burma was found to be 221 per 1,000 live births, twice that estimated by UNICEF for Burma as a whole⁴⁵.

Studies conducted by outside groups confirm that the health outcomes of communities in remote and contested areas are negatively impacted by protracted conflict, chronic poverty, abuses and instability (Belton 2007; Checci, et al. 2003; Hu, et al. 1991; PHR 2011). Moreover, historically starved of funding, fragmented and lacking skilled human resources, official health services are largely confined to towns, missing much of the rural areas – including much of the ceasefire zones – where most of the population lives (Duffield 2008). The inability of medical personnel to support themselves on state salaries encourages unofficial user fees, resulting in de facto privatisation and effectively making healthcare unaffordable to the majority of the rural population (Duffield 2008).

Compared with other countries at a similar level of development, Burma has historically received only small amounts of international aid (Duffield 2008; ICG 2008). The country's 'aid orphan' status is typically linked to international policies aimed at weakening and isolating the regime, and concerns that aid will be misappropriated by the military government (Steinberg 2010). The junta's crackdown on the 1988 demonstrations and refusal to acknowledge the results of the 1990 elections resulted in international political condemnation and sanctions against the government⁴⁶; Western

sites and 231,000 in temporary settlements of ceasefire areas. However, displacement in eastern Burma and elsewhere in border areas has historically been extremely dynamic and changeable. Families and whole communities can be displaced multiple times a year, with some able to return to their villages after a relatively short period of displacement, and others forced to move on from location to location (TBBC 2009).

⁴⁵ UNICEF estimated the under-5 mortality rate to be 106 per 1,000 live births – UNICEF 2006 *Info by Country*. Available at: <http://www.unicef.org/infobycountry/eastasia.html> (quoted in BPHWT 2006).

⁴⁶ It is not within the scope of this chapter to enter into the highly politicised debate concerning international sanctions against Burma (Morten Pedersen, for example, has critiqued Western sanctions policies towards Burma – Pedersen 2005; 2008a). Historically, however, there has been a division of positions in relation to the desirability and effectiveness of international sanctions against the regime, and in the years leading up to my fieldwork international actors increasingly tended to advocate for engagement rather than isolation, with the US notably government adopting a policy of 'pragmatic engagement' in 2009. Divisions in relation to the issue of sanctions have also historically tended to be mirrored by parallel divisions concerning the two paradigms for aid delivery described in this chapter – with advocates of sanctions typically also being opposed to aid going 'via Rangoon' (Duffield 2008).

countries and Japan cut financial aid; and while (with the exception of India) most neighbouring countries maintained political and economic ties with the junta, Burma became a *de facto* pariah state at the international level (Pedersen 2008a; Steinberg 2010).

While powerful Western countries attempted to isolate the Burmese junta, Burma-China ties grew after 1988, to a large extent compensating for Western isolationist policies (Chenyang 2010; Thant Myint U 2012). After the border between the two countries was opened in early 1990, cross-border trade between China and Burma increased, and China began supplying considerable military aid to the junta. Throughout following decades, China provided extensive economic aid and helped to develop infrastructure and industry in Burma through investments in the construction of dams, bridges, roads, ports and industrial projects, with China thereby positioning itself as chief beneficiary from investments in Burma's extensive oil and natural gas reserves. Historically, China was also the largest supplier of military aid to Burma, supplying the junta with jet fighters, armoured vehicles, naval vessels and weapons, as well as training for *Tatmadaw* troops. Chinese investment and economic and military support contributed to the country's growing influence in Burma, and to China's strategic influence in the Indian Ocean and Southeast Asia (Egretau 2008) – although the Burmese Generals tended to have mixed attitudes towards and therefore to attempt to limit China's power (Thant Myint U 2012). Recent years have seen suggestions of increased tensions in the Sino-Burmese politico-economic relationship⁴⁷; but links with China historically meant that the regime continued to benefit from international investment, trade and military assistance, and was diplomatically protected by China's veto in the UN Security Council⁴⁸ (Thant Myint U 2012).

⁴⁷ Researchers have notably described ways in which the Burmese government has recently attempted to develop strategic and commercial relations with India, as well as improving bilateral relations with Japan and within the Association of South East Asian Nations (ASEAN). These developments have been described as shifts in Burma's foreign policy to avoid excessive dependence on China (Chenyang 2010; Egretau 2008; Lall 2009) – although it has also been argued that Burma-India relations will never be top priority for either country (Wilson 2012). In addition, increasing tensions in Sino-Burmese relations are said to have been caused by the Kokang incident in August 2009, by the resurgence of conflict in Kachin State in June 2011, and by the halting of Chinese-funded mega-development projects such as the Myitsone dam in October 2011.

⁴⁸ For example, in January 2007, China and Russia vetoed a UN Security Council Resolution criticising the Burmese junta's human rights record, striking a blow to the US campaign to use the Security Council to spotlight and punish

Low levels of assistance from Western donor countries cannot, however, just be explained by international political and geopolitical considerations, but were also related to the policy and political environment within Burma, seen as a structural impediment to aid – Western aid being more conditional on factors that in the modern aid industry are typically described as ‘good governance’ (Duffield 2008). The influence of external opposition and lobby groups was also key, as they often successfully advocated against aid going ‘via Rangoon’ (as state-sanctioned assistance was often called) on the basis that this could bolster an illegitimate regime (Duffield 2008). Donors like the EU and US continued to provide humanitarian aid inside Burma, channelling aid through multilateral organisations and INGOs. But the 1990s and 2000s also saw increasing restrictions on aid agencies within Burma, particularly in disputed border areas (Stover, et al. 2007). Combined with the weakening of para-state systems in border areas and the influence of Burma campaign groups in the politics of aid, this contributed to the emergence in the 1990s of cross-border aid as an internationally endorsed alternative paradigm for assisting communities in Burma.

Up until the mid-1990s, larger ethnic nationalist groups were able to maintain para-state systems in relatively autonomous areas under their control. Control of trade routes and taxation of local populations enabled the leadership of ethnic nationalist groups to fund social and welfare systems, while their armed forces defended the territory from incursions by state forces (Smith 2007). KNU-controlled areas, known as *Kawthoolei*⁴⁹, were where such para-state systems were most developed, with a range of specialised departments created under the political leadership of the KNU (South 2011). Communities in areas under KNU control could access schools teaching in Karen languages and run by the Karen Education Department, as well as hospitals and clinics run by the KNLA’s Medical Branch (KNLA-MB) and, later, by the Karen Department of Health and Welfare⁵⁰ (KDHW). But when the KNU and its armed wing were

repressive rule by the military junta. The veto illustrated opposition from China, Russia and a number of developing countries to the UN intervening in what they described as the internal affairs of a sovereign state.

<http://www.washingtonpost.com/wp-dyn/content/article/2007/01/12/AR2007011201115.html> – last accessed 25 February 2013.

⁴⁹ *Kawthoolei* is commonly translated from Sgaw Karen as ‘land without evil’.

⁵⁰ Clinics and hospitals in Karen state were initially run under the overall administration of the KNU, with no clear

weakened by the splintering of troops that created the DKBA in 1994, and when they lost control of Manerplaw in 1995, the KNU faced increasing difficulties in maintaining its welfare systems. During the second half of the 1990s, the 'second front' was pushed further east, towards Thailand. By the end of the 1990s, the KNU could no longer finance its health and welfare programmes through taxation and control of trade routes, and those involved in managing these services began to look outwards for support⁵¹.

During the 1990s, scaled-up *Tatmadaw* offensives and internal splintering also weakened other resistance groups (Smith 2007). Much existing local-level infrastructure for health and education in remote and disputed areas of eastern Burma was destroyed or depleted; and when clinics or schools remained, the situation was generally too volatile and the resources too scarce for them to operate. Restrictions imposed by the SPDC meant that international agencies had little access to local communities (Duffield 2008; Rae 2007; Stover, et al. 2007). Throughout the 1990s and well into the 2000s, aid agencies were thus denied access to many contested areas; and when granted access, they regularly faced countless barriers, such as delays in obtaining travel permits. In 2005, the Global Fund withdrew from Burma, citing government interference, increased difficulties in accessing communities, and fears that funding would benefit the regime⁵². Then, in 2006, the government ordered the ICRC to close its field offices⁵³; the ICRC stated that it had become impossible to implement its work, and in 2007 broke with its traditional stance of silence to condemn the government's violations of international humanitarian law and denial of access to civilians in conflict zones. To many, Burma had become a case where in order to do no harm, it was better to do nothing involving the government.

distinction between military and civilian departments for health. However, after the KNU/KNLA was weakened and could no longer afford to run its own health systems, the Karen Department of Health and Welfare was created as a specifically civilian administrative structure for health, which increasingly tapped into international donor funding to support 'mobile clinics' in Karen state (based on discussions and interviews with members of KDHW and BPHWT).

⁵¹ Ashley South has described in detail the history of the KNU/KNLA (e.g. South 2008; South 2011). Information on the KNU and the historical evolution of its different departments was also collected through interviews with members of the KNU/KNLA, KNLA-MB, KDHW and BPHWT.

⁵² <http://www.who.int/bulletin/volumes/83/10/news11005/en/index.html> – last accessed 18 September 2012. However, the Global Fund's closure has also been linked to the activities of American lobby groups opposed to aid going 'via Rangoon' (Duffield 2008; ICG 2006).

⁵³ In December 2005, the government had already halted the ICRC's visits to prisoners: <http://www.infosud.org/spip.php?article810> – last accessed 18 September 2012.

b. Cross-border aid and an evolving aid debate

‘Cross-border aid’ refers to mechanisms developed in this context to support the continued provision of services in border areas. From an administrative and logistics base in a neighbouring country, aid crosses the border in the form of money, supplies, and/or technical assistance for groups delivering services to local communities; this is done ‘under the radar’, without official government approval, and can be interpreted as a violation of state sovereignty. In addition, aid workers who are part of systems for cross-border aid generally work with authorisation from and under the protection of political and armed groups controlling the areas in which they work. The implications and significance of these characteristics are discussed throughout this thesis.

There are a number of quite different organisations and programmes in Burma’s border areas that are grouped together under the label of cross-border aid. TBBC runs the largest cross-border programme, with this aspect of the organisation’s work being one of the many open secrets on the border⁵⁴. The other heavyweight is Back Pack, which by the time I started fieldwork was the single largest supporter of medical assistance and primary healthcare into Burma along a model described as cross-border. There are also a number of smaller groups supporting services ranging from health, education and livelihoods to human rights documentation and training, small-scale development and environmental conservation. Most cross-border organisations and programmes operate on the Thai-Burma border; but there are a number of smaller groups that use cross-border approaches to provide assistance from Yunnan into Shan and Kachin States, and from northeastern India or Bangladesh into western Burma (Beyrer and Lee 2008).

Cross-border aid is posited as an alternative to state-sanctioned assistance, where aid is

⁵⁴ TBBC was initially founded as a consortium of Christian NGOs providing basic humanitarian assistance to Burmese people fleeing conflict into Thailand. Today, TBBC is responsible for rations in the temporary shelters along the border, but the organisation also provides cross-border aid inside Burma’s eastern border areas. This aspect of the organisation’s work is not included in its public documentation, but is common knowledge among stakeholders on and beyond the border. For its Emergency Relief Assistance (ERA) programme, TBBC works through local-level partner organisations that enable cash assistance to be channelled into remote areas inside Burma. The cash equivalent of three months’ rice supply is provided to communities who are found to have experienced significant shocks to their livelihoods within the previous six months. The idea of the ERA programme is to provide civilians with the means to support themselves within their own communities, thereby stemming further displacement and strengthening local economies (information based on discussions with TBBC staff; NB in November 2012 TBBC changed its name to The Border Consortium – TBC).

provided ‘above the radar’ and within parameters defined by the Burmese state. Historically, the two models of aid delivery were associated with opposite ends of a polarised and internationalised political debate (Duffield 2008): at one end were those who advocated sanctions and isolation of the regime, their vision of Burma defined by the experiences of refugees and the repression that had driven them to places like the Thai-Burma border; at the other were those who advocated engagement with the regime, the removal of sanctions, and aid ‘through Yangon’⁵⁵ as not only possible but politically strategic. In 2008, Duffield noted a parallel “politically induced fragmentation” between donor governments, which were divided along a scale ranging “from DfID, which is the process of relocating its office from Bangkok to Yangon, to CIDA which reflects the Canadian opposition to internal aid, preferring to concentrate its efforts on the cross-border operation” (Duffield 2008: 18).

By the late 2000s, the main donors supporting state-sanctioned humanitarian aid in Burma were the EU, UK, Australia, Japan and Korea. Funding for cross-border aid was provided by Canada, Norway and Denmark in the late 1990s and early 2000s, and the US in 2006. The UK conducted a review of its Burma programme in 2006 and subsequently allowed funding for cross-border aid (IDC 2007). Some donors like the US and later the UK funded cross-border aid while continuing to provide assistance through organisations officially registered to work in Burma; but others saw these models as mutually exclusive (Duffield 2008). So although cross-border aid gained support from the late 1990s onwards, donors were historically divided over whether or not to fund this system. In addition, evolving conditions in ceasefire areas and events following Cyclone Nargis in 2008 were seen by a number of analysts and policy makers to undermine the very premises of cross-border aid.

After the ceasefires of the 1990s, communities in some areas were described as benefiting from greater stability and access to services (Duffield 2008; South, et al. 2010). Communities in areas under Democratic Karen Buddhist Army control, for example, were said to have greater access to schools and healthcare facilities (South

⁵⁵ As Duffield notes, a polarised political discourse is also reflected in the use of names, with the former position reflected through the use of the names Burma and Rangoon, and the latter through the use of Myanmar and Yangon (Duffield 2008).

2008; 2009; 2010). In some remote areas controlled by the New Mon State Party, the Mon Health Committee developed basic primary healthcare systems⁵⁶. But communities in ceasefire areas still lacked access to essential services and were not immune from abuses by state and non-state actors – instead, the ceasefires exposed populations to new risks of dispossession and displacement (HRW 2002; PHR 2011).

Some areas controlled by ceasefire groups were, however, increasingly accessible to aid agencies – and the number of agencies operating inside Burma (including international and local NGOs as well as CBOs) increased from the 1990s onwards (Duffield 2008; South 2007). In addition, the opening up of other spaces to international humanitarian actors – in particular, Burma’s central areas, commonly referred to as the ‘dry zones’ – began to promote a picture of more widespread need, with border areas seen less as the exception to a more generalised chronic emergency (Duffield 2008). Meanwhile, efforts like the Three Diseases Fund – which began financing HIV/AIDS, TB and malaria programmes in 2006 – were seen to demonstrate the possibility of delivering aid effectively without bolstering the regime. The most optimistic accounts still recognised that a lot more was needed to meet the health, education and livelihoods needs of communities in remote and unstable areas (AusAID 2010; Belcher 2004; Duffield 2008; IDC 2007); but still, a number of critics and analysts were already questioning the need for cross-border aid in what they saw as an evolving operational environment.

Cyclone Nargis was a turning point in the politics of aid to Burma. Up to 200,000 people were killed by the cyclone, which made landfall in Burma’s delta and coastal areas on the night of 2 May 2008 (South, et al. 2011). Within the first few days, survivors were helped by individuals and groups who drew on local-level networks to channel basic assistance to affected areas (South, et al. 2011). But the government was slow to react, and to many it seemed that Nargis would become another example of the state failing its people. The government initially blocked access by international aid agencies to the Delta⁵⁷ and detained or imprisoned many Burmese citizens who went to

⁵⁶ Based on communications and interviews with the Mon Health Committee, which falls under the administration of the New Mon State Party (Mon ceasefire group), as well as interviews and discussions with donors, UN and INGO personnel working inside Burma.

⁵⁷ A few INGOs such as Save the Children were already working on the ground when the cyclone hit, and were able

help the survivors (Belanger and Horsey 2008; HRW 2010). Many international politicians and activists responded by calling for a unilateral imposition of aid and invoking the Responsibility to Protect (Belanger and Horsey 2008); but according to some analysts this only seemed “to have reinforced the paranoid and xenophobic positions of ‘hardliners’ within the government, who responded by restricting humanitarian access to vulnerable communities” (Selth 2008; South, et al. 2011: 10). One month after the cyclone, however, access by international agencies improved, largely – it has been argued – as a result of diplomatic negotiations and ASEAN and UN pressure on the government (Creac’h and Fan 2008; ICG 2008; South, et al. 2011).

Under the coordination of the Tripartite Core Group – comprising ASEAN, the UN and the Government of Myanmar – international agencies were increasingly able to implement programmes in the Delta. The post-Nargis response came to be seen as proof that aid could be delivered effectively without bolstering the regime, and that Burma had resilient civil society networks that could be strengthened through international assistance⁵⁸ (ATP 2008). Nargis relief and recovery efforts were lauded in aid circles in and beyond Rangoon as not only proof of increased humanitarian space in cyclone-affected areas, but also as a way to ‘get the foot in the door’ and increase access to other areas by engaging with an ostensibly more welcoming government (Creac’h and Fan 2008; Kurtzer 2009).

By this time, efforts had also been made to increase dialogue between organisations working ‘via Rangoon’ and cross-border groups. In January 2007, for example, some of these groups met for the first time in Bangkok to discuss coordinating their health operations (Beyrer and Lee 2008). But at the same time and with new information coming from central and Delta areas, competition for funding was increasing between these groups (Duffield 2008). When I began fieldwork, agencies working through official state channels still could not access many conflict-affected and remote border

to rapidly respond to the disaster, despite government restrictions on access (South, et al. 2011).

⁵⁸ Prior to Nargis, there had been a tendency of influential donors and diplomatic representatives assuming that civil society in Burma had been all but eliminated through decades of oppressive military rule. The initial response to Nargis was, however, largely spearheaded by civil society groups, which led many ‘Burma watchers’ to reassess this perception (based on discussions and interviews with donors, lobby groups and NGOs).

areas; the majority of the population still did not have access to adequate healthcare services; and the run-up to the 2010 elections marked a more restrictive operating space for international organisations trying to access border areas. But the changes described above had contributed to the increasingly prevalent view that providing aid through state-sanctioned channels was viable, and potentially a means to encourage political change by working with rather than isolating the government (ICG 2008). Increased political engagement in recent years has also been analysed as a way to improve Western (and particularly US) relations in ASEAN, and to counterbalance China's growing influence in the Asian region (Haacke 2012). And as described in later chapters, incremental changes during my fieldwork further contributed to the contention that cross-border aid had become an obsolete model that, in an arguably evolving humanitarian space and changing (geo)political context, could do more harm than good.

B. Methodological minefields: practicalities, politics and ethics of research on the border

It was against the historical backdrop described above and during a time of significant political change as well as shifting international attitudes towards humanitarian assistance in Burma that I worked in Back Pack's Mae Sot office – key node in a network spanning from different parts of Burma's borderlands to the offices of international donors. In 2008, Back Pack leaders and partners published an article in which they described the organisation as part of a system of multi-level local-global partnerships (Mahn, et al. 2008). During fieldwork, I found that what were represented as distinct yet interlinked levels of partnerships could also be conceptualised as interrelated fields – in the Bourdieusian sense (Bourdieu 1977; 1984; 1990) – involving diverse actors, value sets and rules of engagement. Research into the 'humanitarian encounter' that brought these fields together required a combination of methods, as well as ongoing contextualisation of the details of everyday life on the border within a dynamic situation at national, regional and international levels. In the remainder of this chapter, I will briefly describe the field site on the Thai-Burma border – geographic and political hub in the development of cross-border aid systems – before describing the practicalities, difficulties and ethical quandaries of research into what had become, as described above, a polarised debate.

1. The field site: Mae Sot and the Thai-Burma border

Inside a nondescript walled compound on the outskirts of Mae Sot is a mish-mash of traditional Thai wooden houses, a couple of newer concrete buildings, and clusters of small bamboo huts with leaf thatching. This is where Back Pack medics live and work when they come to Thailand. And for members who live in Mae Sot during the year, it is a safe place in an otherwise hostile environment, where due to their illegal status they are always at risk of Thai police looking to make a quick Baht⁵⁹ by demanding bribes. However, local authorities in and around Mae Sot are aware of Back Pack's existence and generally turn a blind eye to what goes on inside the compound.

Mae Sot itself is a rapidly growing Thai border town shaped by the volatile history of Burma's border areas, which was described above. The town is notorious for legal and extra-legal trade in gems and teak, as well as black market trafficking of people, drugs and goods of all kinds. Its proximity to the border and refugee camps, as well as the presence of a large community of Burmese activists in exile and migrant workers, have made Mae Sot into a hub for foreign aid workers, as well as increasing numbers of Western volunteers – or what some more cynical people call 'voluntourists'.

Even before the creation of the modern border between British Burma and Siam in 1868, the area that was to become Mae Sot was at the centre of routes of trade and war (Pongsawat 2007). In the second half of the twentieth century, political crisis and conflict in Burma coincided with economic boom on the Thai-Burma border. Cross-border trade was key to the survival of ethnic nationalist groups fighting the Burmese government (Pongsawat 2007). The Thai government historically supported Karen resistance groups as a buffer against the Burmese regime, which was seen as a threat to Thailand's national security. After December 1988, however, Bangkok established a trade relationship with Burma, and support for ethnic nationalist groups was officially dropped (Battersby 1998; Buszynski 1998). But elements of the buffer policy persisted throughout the 1990s and 2000s, as Thailand continued to provide unofficial sanctuary to and tolerated the activities of democratic opposition and ethnic nationalist groups,

⁵⁹ Mae Sot is in Thailand, the currency of which is the Thai Baht (THB).

particularly the KNU/KNLA. The border economy continued to grow, with displaced Burmese providing unlimited supplies of cheap migrant and often illegal labour for Thailand's industrial and agricultural development (Pongsawat 2007).

The first big wave of Karen refugees fled to the Mae Sot area in 1984. Over the next ten years, as the *Tatmadaw* took control of areas closer to Thailand, increasing numbers of Karen villagers fled to Thailand, and new camps or 'temporary shelters' were established. After the Burmese military crackdown on the 1988 uprisings, many members of the '88 Generation also fled to border areas and to places like Mae Sot, where they continued a war of words against the military regime. The flow of displaced Burmese people into Thailand continued throughout the 1990s and 2000s. The Thai government attempted to reduce numbers in the camps with a programme of voluntary resettlement beginning in 2004; but as refugees were resettled, more people came to replace them⁶⁰.

In recent years, Mae Sot developed rapidly as the main economic gateway into Burma, in parallel with Thailand's shift towards prioritising economic development and trade with its ASEAN partner. Modern-day Mae Sot falls within Tak Province. The Asia Highway passes by the town, providing a key trade route between the two countries. The Thai-Myanmar Friendship Bridge crossing the Moei River links Mae Sot to the town of Myawaddy in Burma's Karen State. From its construction in 1997 to 2010, the Friendship Bridge was one of three official border crossings into Burma, and Mae Sot boomed as a result of investment by Thai, Burmese and Chinese traders and industrialists (Pongsawat 2007). But on 17 July 2010, Burma closed the border. Many observers linked this to the junta's frustration at Thailand providing shelter to Burmese opposition groups – or in the words of the Tak Governor, Samart Loifah, when I interviewed him in 2011, "[b]ecause they would like the Thai Government to solve the KNU problem in Mae Sot". The bridge remained closed until December 2011, by which time Thailand lost an estimated \$US 2.7 million per day in trade⁶¹. These evolving political and economic considerations had impacts on cross-border aid systems, which

⁶⁰ <http://www.tbbsc.org/camps/history.htm> – last accessed 19 September 2012.

⁶¹ <http://www.dvb.no/news/key-myawaddy-border-crossing-reopens/19055> – last accessed 19 September 2012.

as described in following chapters rely on the tacit approval of Thai authorities who also have vested interests in growing diplomatic and trade relations with Burma.

2. Details and practicalities of the research project

Research into the evolving politics of aid to Burma was grounded in an ethnographic focus on the Back Pack Health Worker Team, which by the time of my fieldwork had become the largest supporter of health programmes in Burma along a model described as cross-border aid. The bulk of my fieldwork was conducted in Mae Sot, in a particular type of space shared by a community of people living and working in the grey zones of what one Back Pack leader calls the ‘legal-illegal’. While based out of a specific location, the research attempted to follow multi-level networks through which a system described as humanitarian functions; and while focusing on the stories and actions of Back Pack members, it sought to relate these to evolving structural forces.

Drawing on approaches employed by anthropologists such as Fassin, Redfield and Mosse, ethnographic methods were employed to explore the logics and worldviews as well as structural factors influencing a specific type of humanitarian discourse and practice (e.g. Fassin 2012; Mosse 2005a; Redfield 2005). Similarly to other ethnographies of NGOs, the methodology for research with Back Pack comprised localised fieldwork within a web of sometimes-shifting relationships among diverse groups of people with whom I had often widely varying relationships (Atlani-Duault 2005; Markowitz 2001). And as described by Markovitz of her ethnographic research in an NGO, dilemmas and complications in the research process – which, in this context, were impacted by a polarised aid debate that had also been influenced by previous researchers’ work – “coalesce[d] in the problem of positionality, of situating oneself as a researcher within a nexus of fluid interpersonal and institutional relationships, while simultaneously linking these evolving relationships to the variable flows of money and influence offered in the name of [humanitarianism]⁶²” (Markowitz 2001: 41).

⁶² Markovitz’s analysis focuses on development NGOs – and so the original quote included the word ‘development’ and not ‘humanitarianism’. However, her analysis is also applicable to ethnographic work with humanitarian NGOs and is particularly relevant to the types of dilemmas and complications that I encountered during my fieldwork and

In order to explore the research questions outlined in the Introduction, long-term participant observation was combined with semi-structured and life history interviews, discourse or narrative analysis⁶³, and attention to macro-level processes. Multi-level networks were explored by working with Back Pack and by travelling – at times literally but also by drawing on methods of communication employed by Back Pack members themselves – along interpersonal and institutional connections forming the backbone of cross-border aid. Information from participant observation and interviews at different levels of these networks was related to information derived from discourse and narrative analysis. The latter focused on official statements and publications by Back Pack and partners, internal documents of these groups, and grey literature on humanitarian aid more generally. This was complemented by macro-level information on the policies, political decisions and practices of governments and multilateral organisations. Along with information derived from informal socialising and discussions, as well as ongoing examination of various media and documentation sources, these diverse techniques – different forms of what Gusterson calls polymorphous engagement (Gusterson 1997) – enabled increasing familiarisation with the positions and perspectives of various stakeholders in an evolving politics of aid.

Most of my fieldwork was conducted between December 2009 and August 2011, when I lived and worked in Mae Sot. This was a time of significant but uneven and contested change in Burma, with the November 2010 elections notably marking a turning point in international attitudes towards the once-pariah state. I returned to Mae Sot for six weeks between January and March 2012 to conduct targeted follow-up discussions with Back Pack leaders, office staff and medics. The total period of data collection therefore spanned between December 2009 and March 2012. Changes within Back Pack, as well as political and other changes in Burma and the wider region after March 2012 are not within the scope of this thesis.

that are described below.

⁶³ In particular, I drew on ways in which narrative analysis has been developed as a method for sociological and anthropological studies of organisations (e.g. Czarniawska 1998).

During my fieldwork, I did not physically follow Back Pack teams as they provided healthcare in Burma's borderlands. This would have entailed crossing the border illegally and was precluded by the conditions of research; a Caucasian woman travelling with a Back Pack team in conflict areas would also have added to the visibility of and risks faced by medics and villagers. However, Back Pack leaders, management and office staff live and work in Mae Sot throughout the year; a proportion of the medics living inside Burma travel twice a year to Back Pack's office for the Six-Month Meetings; and other groups of medics also travel to Mae Sot at different times to attend trainings. Since I was not conducting research inside Burma's border areas, I had no direct access to communities targeted by Back Pack. I was able to meet a small number of villagers who had received assistance from Back Pack medics in their target areas and had been brought to Mae Sot for follow-up treatment. However, the focus of research was not on the beneficiaries of Back Pack programmes, but on Back Pack's members and the network that evolved to channel aid into Burma.

From December 2009 to August 2011, I participated in the daily life and work of the organisation. When I began fieldwork, Back Pack's then Director adopted me as a type of assistant for anything requiring "pretty English" – getting me to write up what he dictated into e-mails, reports, proposals, presentations, and documentation for advocacy purposes. When he realised that like a typical anthropologist I took many notes, he initially asked me teasingly if I was an SPDC spy; he then often used me as a note taker in meetings and workshops. Later, he would jokingly introduce me as his "forced labour", making a deliberately ironic parallel between the use of volunteer labour in Back Pack and the *Tatmadaw's* use of unpaid villagers to build roads or camps in the jungle. Working with other management or office staff often entailed helping them to edit their English in e-mails, reports, proposals or other documentation. Between two Six-Month Meetings, some of the women asked me to run informal English classes focusing on conversation and grammar. The leaders and staff thus tended to slot me into the role of the foreign volunteer, drawing on previous experiences of foreigners who had helped in the office. The ways in which they utilised me were in turn revealing of

how Back Pack has to engage with the wider *gollawa*⁶⁴ aid world.

An ongoing challenge was to juggle my role as a Back Pack volunteer with my role as a researcher, analysing and attempting to minimise the influence I had on processes I was participating in, while recognising that by my presence I inevitably had an impact. In many ways, my position was similar to the ‘delicate line’ that Atlani-Duault describes as characterising her status – bridging between actor and observer – while working and conducting fieldwork in a development NGO in post-Soviet eastern Europe (Atlani-Duault 2005: 36). Like Atlani-Duault, I had to continuously attempt to distance myself intellectually and emotionally from processes in which I became increasingly involved, with this involvement being at the same time essential for gaining access, developing trust, and understanding the organisation’s workings. And as described below, I too had to overcome the suspicions of many I worked with, at a time when their functioning and ideology were increasingly criticised.

During this fieldwork, I took part in three Six-Month Meetings, when eighty or so medics from different areas of Burma stay in Mae Sot for at least a month. Between Six-Month Meetings, I worked with the leaders and staff who live in Mae Sot during the year. I observed parts of three three-month Senior Medic Refresher trainings, attended by field workers from diverse areas. I joined other, shorter trainings held within Back Pack or in the offices of NGOs; these covered a number of topics – including primary healthcare, public health, human rights and humanitarian law, office management, and media and advocacy – and were attended by Back Pack leaders, office staff and/or field staff, depending on the topic. I also attended countless meetings, workshops and discussions between Back Pack members and with a range of outside actors – donors, NGOs, UN organisations, ethnic health organisations, lobby groups, journalists, ethnic nationalist groups, Thai and international politicians, and others. These interactions, to which I was given increasing access during my fieldwork, were essential in providing me with an insight into the tenor of exchanges between Back Pack members, partners, and other stakeholders in an evolving politics of aid.

⁶⁴ *Gollawa* is the Sgaw Karen term used to refer to Westerners.

Working with Back Pack gave me invaluable insight into the organisation and its functioning. As described by Markovitz, “[g]rounding research in the day-to-day work of NGO staff allows identification of the ways quotidian matters and interorganizational relations affect the design, presentation and implementation of projects, and the assumptions embedded in them” (Markowitz 2001: 42). This approach also allowed for gradual development of working relationships in a sensitive and politicised context. Discussing their work with staff members and finding ways with them to represent it in reports and other documentation enabled me to get to know them, and to gain fuller insight into their roles in and perspectives on the organisation. Working in Back Pack’s office meant that I experienced the organisation’s hierarchies and implicit rules, often learning through my own errors. It taught me the rhythm and cycles of the organisation, as it alternates between periods of frantic activity and lulls between meetings or workshops. It also taught me that working with Back Pack means being on call when a leader wants something done, as well as celebrating the festivals, weddings, births and other events that bring the Back Pack family together.

Back Pack members who I worked with on a daily basis became key informants. It was through daily interactions and conversations with them that I learned the most about the organisation, and the lives, stories, and experiences of its members. Hierarchy, gender, age and other factors made it easier to get to know some members rather than others. For example, the younger female office workers were almost immediately willing to discuss their lives and stories, whereas it took more time to get to know men the same age. Explicit and implicit hierarchies, as well as the personalities of its members, shape the organisation. Some people are very important in influencing Back Pack’s functioning, and this bias is reflected in my research – they were often the most vocal informants, just as they are more influential within the organisation. Nevertheless, I deliberately sought out members whose positions – for example as junior field staff or as members of smaller ethnic minority groups – meant that their opinions are less likely to be heard or that they might have different experiences and perspectives.

Participant observation was complemented by interviews adapted to different types of actors. Life history interviews were used to gain understanding of how Back Pack leaders, office staff and medics describe and make sense of their lives and experiences.

Discussions with leaders, office staff and medics also focused on their understandings of systems they are part of and their roles within these systems, as well as ways of relating to communities, ethnic nationalist groups, the Burmese state, international humanitarian agencies and other actors. Interviews also targeted individuals and organisations at different levels of Back Pack's local-global partnerships, other actors supporting cross-border aid to Burma, as well as individuals and organisations who are not directly involved in cross-border aid but are influential in the politics of aid more generally. By the end of my fieldwork, I had conducted 120 semi-structured interviews with: Back Pack leaders, office staff and field staff; local and international partner organisations; other NGO and UN representatives; members of other cross-border groups; members of Burmese political and armed opposition groups; private and government donors; activist and lobby groups; Thai government representatives and military intelligence; and villagers having received assistance from Back Pack⁶⁵.

Back Pack members are from a range of ethnic groups and speak a number of minority languages. Most of the leaders, management and office staff speak very good English. Burmese is the common language in which training programmes and health projects are designed and taught. English is used in the organisation's reports and other public documents (as well as many of its internal documents), and in communicating with international partners and donors. Prior to my fieldwork, I attended an intensive basic Burmese course, enabled me to roughly follow trainings and discussions and to have basic conversations with people who did not speak English⁶⁶. My daily interactions with leaders and office staff were, however, in English as the staff members used me to practice their language skills and were much more adept in English than I ever became in Burmese. Leaders and medics were also sometimes uncomfortable with speaking Burmese, which in most cases is not their native tongue and was imposed on them through the 'Burmanisation' policy of the Burman-dominated state.

⁶⁵ All interviews with Back Pack medics, leaders and office staff were conducted within the Back Pack compound. Other interviews and discussions were conducted in Thailand (Mae Sot, Bangkok, Chiang Mai, Fang, Mae Sariang), Burma (Rangoon), the UK (London), and France (Paris). A number of interviews were conducted over Skype with donors, NGO representatives and activists based in the Netherlands and Australia.

⁶⁶ I also attended a follow-up intermediary Burmese language course in Rangoon in 2010.

Interviews with Back Pack leaders, management and office staff who had good English language skills were conducted in English. English was also used to conduct interviews and discussions with members of Back Pack's partner organisations, as well as other stakeholders in aid to Burma, since it is the common language used by NGO workers, donors, lobby groups and others working in this area. Interviews with medics, villagers or others who did not speak English were conducted in Burmese or Karen and with the assistance of translators.

When I started fieldwork, I was appointed two translators, themselves office staff members. It was more appropriate in these early stages to work with translators identified and trusted by the organisation and who understood the sensitivities of the context. These two women became informal research assistants and key informants, and their assistance was invaluable, particularly in early stages. Having insiders as translators probably introduced biases into the interviews, as more junior staff and medics would most likely have been reluctant to say certain things in front of a member of the office staff. However, this bias was to an extent compensated by observing people's actions and behaviours, and differences between what was said in an interview and said or done in other contexts. Later in my fieldwork, I was able to employ an outside translator for interviews; she had already worked as a translator in a training for Back Pack medics and understood the context, functioning of organisations on the border, and sensitivities of the research project; but since she was not part of Back Pack, she enabled me to have more open discussions with some junior field staff who might have been reluctant to say certain things in front of the two translators I initially worked with. Interview recordings were also later transcribed and translated with the assistance of different translators to those who originally helped conduct the interviews, enabling me to cross-check questions and responses against translations given at the time of an interview.

3. 'Sitting on the fence': ethics and trust on the border

As well as being guided by ethical standards for anthropological research⁶⁷, this research drew on the experiences of anthropologists having worked in contexts where violence conditions or has conditioned the lives of research participants (e.g. Daniel 1996; Feldman 1995; Harris 1997; Nordstrom 1997; 2004; 2007; Nordstrom and Robben 1995; Skidmore 2003; 2004; 2009b)⁶⁸:

Anthropology of this level involves a number of responsibilities above and beyond those associated with more traditional ethnography: responsibility to the field-worker's safety, to the safety of his or her informants, and to the theories that help to forge attitudes towards the reality of violence, both expressed and experienced (Nordstrom and Robben 1995: 4).

Informed consent for conducting research within Back Pack was provided by the organisation's leadership prior to the beginning of fieldwork. A pre-fieldwork scoping visit was conducted in July 2009, in order to determine the feasibility of the research project and obtain initial consent for working with Back Pack⁶⁹. Back Pack's leaders agreed to me conducting research within their organisation, which included accessing information about their programmes, observing and participating in trainings, meetings and other events, and interviewing members of the organisation. The informed consent agreement was initially oral, since Back Pack's leaders considered this sufficient at the time. It was put into writing once I had spent some time in the organisation and those involved in the research had a better understanding of what the project entailed. By this time, another researcher had also published information that was considered harmful to Back Pack and other cross-border groups. Making the informed consent agreement into a written document at this stage was part of the process of ongoing negotiation with

⁶⁷ Research ethics adhered to the guidelines provided by the Australian National University, the National Health and Medical Research Council of Australia, the Association of Social Anthropologists of the UK and the Commonwealth, the Australian Anthropological Society, and the American Anthropological Association.

⁶⁸ In particular, a high standard of informed consent was maintained for all participants in this research, and anonymity and confidentiality were ensured so as to reduce the likelihood of potential negative consequences for participants. This also involved protecting and coding ethnographic material while in the field, as well as being sensitive to the potential uses of published and unpublished information.

⁶⁹ The organisation's leaders were at this time provided with a written outline of the terms of research. Templates for interviews with staff and medics were also shared with the leaders at the beginning of research.

Back Pack's leaders and other gatekeepers, who became nervous that I might use their information against them.

Access therefore had to be renegotiated throughout my fieldwork and was contingent on earning the trust of Back Pack's leaders and other gatekeepers, as well as on objections these actors had, at different times, to my own presence and research and to the research of others. These objections were linked to the influence of researchers on an evolving politics of aid, as described in following chapters. Indeed, academic writings had by the time of my fieldwork fed into the politicised and polarised debate outlined above, as well as being accessible by and often objected to by those studied – in a manner comparable to the process of objection, which Mosse describes as resulting from his ethnographic representation of an international development aid agency (Mosse 2006). In such a context, 'objections' (here, to my own research but also to the research of others) were integral to a research process, which was contingent on and reflective of sometimes shifting inter-personal and political relationships in humanitarian aid (Mosse 2006: 939).

As part of my agreement with Back Pack and in an attempt to further learn from possible responses to ethnographic representations, Back Pack's Leading Group was given the opportunity to comment on a draft of this thesis. This allowed the leaders to verify information for accuracy and sensitivity, as well as enabling them to provide feedback on my interpretation of the information collected. The thesis findings were presented orally and in writing to Leading Group members at the beginning of 2013; they then provided comments that were taken into account during finalisation.

Individual participation in the research project was on a voluntary basis. Informed oral consent⁷⁰ was sought from every person interviewed. All individuals were informed of the purpose of the research and its projected outputs. Due to the sensitivity of the research subject and the security and other risks that individuals living and working in Burma's border areas could face if their personal information were to be misused, those

⁷⁰ Only in one case, when I interviewed one of Back Pack's partners who was particularly concerned about what I would write, was a written informed consent document used for a specific interview. The agreement also ensured the partner would be able to review any information relevant to his organisation for sensitivity and accuracy.

interviewed were informed of measures used to protect their confidentiality and anonymity. Pseudonyms have been employed throughout this thesis⁷¹, and no exact locations have been given (e.g. of villages where the medics work). The personal and communal experiences of conflict, violence, injustice and sometimes physical and psychological torture that individuals I spoke to have lived through meant that interviews could potentially provoke emotional and psychological distress. Individuals were warned of this prior to interviews; they were informed that they did not have to answer questions if they did not want to and that they could stop the interview whenever they wished and retract any information. However, on the whole, I found that the people I spoke to were eager to tell their stories, no matter how distressing elements of them might be, and no interviewee asked for an interview to be stopped. Finally, a number of individuals I interviewed – representatives of NGOs, UN organisations, donors and lobby groups – requested to review any information directly mentioning their organisations for accuracy and sensitivity and were given the opportunity to do so before finalisation of this thesis.

The particularities of the context, as well as the politicised and sensitive nature of the debate around cross-border aid, combined to create a context where the relational nature of epistemology, as described notably by David Mosse, became particularly evident (Mosse 2006). As such, the research process and knowledge that resulted from it were intertwined with evolving relationships with different actors, with attempts to grapple with complex ethical dilemmas, and with the need to balance personal allegiances and attachments against an endeavour to develop a more detached understanding of often politicised and emotive issues.

In a situation of long-term fieldwork where the researcher is simultaneously an observer and a type of ‘participant-insider’, ethnographers have been described as becoming socially bound into their field sites in complex and often challenging ways (Mosse 2006). They become increasingly ‘templated’ by the field (Parkin 2004: 101). But this

⁷¹ With the exception of Dr Cynthia Maung, who is a well-known international figure, I have not used the real names of Back Pack medics, office staff and leaders. Instead, I have used common names from the ethnic/linguistic groups of the different individuals involved, as a way to reflect their cultural and communal backgrounds but preserve their anonymity.

is not to say that the type of fieldwork situation this research entailed was unique. 'Participant-insider' ethnography might instead be understood as highlighting common characteristics of ethnographic research and knowledge. Thus David Mosse argues more generally that

there is no neutral or uninvolved knowledge ('an understanding that everyone might share' (Jenkins 1994: 433), no sharp divide between anthropologist and subject, fieldwork and processes of everyday social life (Mosse 2006: 950).

In this politically sensitive context, which has been shaped by decades of conflict, competing claims to socio-political legitimacy and changing regional and international politics, trust also had to be earned, tested, built and re-built over time. This was often frustrating and involved many setbacks; but over time it taught me about the power structures through which Back Pack works, relationships between Back Pack and partners, and what is at stake in the debate around cross-border aid. Working for Back Pack became a method to gradually earn the leaders' trust. After a while, I discovered that the main opposition to my presence was coming from one of Back Pack's partner organisations. I also discovered that Back Pack members had had previous experiences with researchers, which they described as betrayals of trust. These researchers had worked for long periods of time with groups on the border, which had welcomed them as people they assumed were on their side. Instead, the researchers had fed into a growing trend of criticism targeting cross-border aid. When one such publication came out, one of the leaders marched up to me and said: "You academics, you want to be objective. You can't sit on the fence. You have to choose." I tried multiple times to explain that I did not intend to use information given to me to undermine their work, but to understand the debate from their perspective and within the bigger picture of evolving politics of aid to Burma. But for people I worked with, it was a situation of "if you aren't with us, you are against us".

A turning point came in November 2010, when Burma held its first elections in twenty years and fighting broke out across the river from Mae Sot. Over the weeks that followed, thousands of Karen civilians were newly displaced along the border and aid agencies working legally in Thailand were banned from accessing them. As described in Chapter 7, groups like Back Pack were left to fill the void. Suddenly, Back Pack's

leaders were sitting around the same table as organisations such as UNHCR. The leaders took me along to meeting after meeting; my role, as one person put it, was to translate “NGO-speak”. They also used me to write up countless reports on the evolving situation. By this time, I had worked with them for a year and they seemed to think that although I might still be a liability, I was also useful. In effect, the leaders were using me as a type of broker or translator – as conceptualised by Mosse and Lewis – in evolving aid networks, which in turn safeguarded my position as a volunteer/researcher in their organisation (Mosse and Lewis 2006). Some of Back Pack’s partners continued to see me as a threat; but the leaders saw me as a tool they could use to their benefit. They hoped that I would see the world through their eyes and, through my research, add academic credibility to their ‘side’ of the story. Eventually, it was Back Pack’s leaders who defended my position within their organisation. For me, this demonstrated on a very personal level their ability to maintain control over their internal workings, while continuing to draw on the support of partner organisations.

‘Taking sides’ was also an inevitable consequence of working with people who have very specific experiences and ways of seeing the world. In describing his research on inner-city street culture in Harlem in the 1990s, Bourgois comments on the tendency of most ethnographers to develop sympathies towards the culture or people they study (Bourgois 1995). Anthropological research is, moreover, “always “contaminated” by the perspective that the researcher brings to the question and by the emotions generated in the field” (Fine 1993: 287; Hammersley and Atkinson 1995). This is all the more the case when working with men and women whose lives have been shaped by a history of state-driven violence. And when the topic of research is politically and emotionally charged, it is even more important to question whether findings can – or should – be detached and unbiased (Sandford and Angel-Arjani 2006).

In such cases, it becomes legitimate to question whether anthropology might not be restored as a humane discipline, with a role in political dialogue (Flyvbjerg 2001). Anthropologists such as Taussig, Scheper-Hughes, Nordstrom and Robben have thus challenged researchers to speak out against the injustices and violence they encounter in their work (Nordstrom and Robben 1995; Scheper-Hughes 1992; Taussig 1987). And in relation to her research in Burma and drawing on a history of politically engaged

writers, Skidmore explains,

My fieldwork interpretations and the very framework by which I determine whom to interview and why are constantly embedded in a belief in the need to write against terror (Skidmore 2004: 33).

Before moving to Mae Sot, I had already (and naively, given that I did not really understand the situation I was stepping into) positioned myself as ‘writing against terror’. Still, I wanted to approach the debate around cross-border aid in the most objective way possible, and to avoid being overwhelmed by a ‘politics of truth’ of the type described by Robben, where ethnographers are seduced into acceptance of peoples’ accounts as the only correct version (Robben 1995). In the field, I constantly struggled to remain open-minded. But working with people whose worldviews are framed by personal and communal experiences of injustice and violence inevitably generated strong emotional reactions. I was on their side, even as I tried to remain open-minded about the wider debate. Ironically, I also found that my work with Back Pack meant that, when I met people whose alternative viewpoints about cross-border aid I was trying to take into account, they would tend to automatically assume that I had taken sides and embark on proving to me that my ‘side’ was wrong. The often-emotive reactions of these people to my research were themselves indicative of an ongoing stalemate in the politics of aid to Burma – and of a parallel ‘politics of truth’ – despite claims by analysts like Duffield that the polarisation of positions was softening (Duffield 2008).

After stepping out of the field, I have tried to reposition myself and to overcome the biases that inevitably resulted from this ethnographic approach. Drawing on Markovitz’s reflexive approach to the ethnography of NGOs, I have tried to assess the ways in which “[m]y own tangled sense of allegiances and loyalties, which becomes more entangled with each field visit, reflects the shifting social and political terrain” of humanitarianism (Markowitz 2001: 43). I have attempted to engage in the process described by Bourdieu as ‘participant objectification’, and which comprises reflection on my own ‘point of view’ – my “personal and academic predilections, judgements, and aesthetics” – as the product of social conditions and professional location (Bourdieu 2003; Mosse 2006: 949). In addition, I have attempted to reposition myself by moving

beyond the typical approach to the debate around cross-border aid, which is to pick one side of the 'fence' and criticise those on the other. Instead, I have tried to understand why there is a need to take sides, and why attempting to 'sit on the fence' could make you an enemy. At the same time, I have tried to pay respect to men and women whose stories and actions were humbling for someone who grew up free from fear, and to reveal the fault lines of an international system that still fails to protect those most vulnerable to political violence. The resulting ethnography remains a 'positioned interpretation' (Mosse 2006), but one that aims to shed light on what was at the time a polarised and often emotive debate.

CH 3: Back Pack, Product of Burma's 'Chronic Emergency'

Back Pack did not always have its own compound, with offices, training rooms and accommodation for medics and administrative staff. When Back Pack was created in 1998, its founders worked out of the Mae Tao Clinic – often referred to as Back Pack's mother organisation – which since 1989 has provided healthcare to activists, displaced villagers and migrant workers from Burma. At the beginning, there was only a small handful of Back Pack staff in Mae Sot. Ten years later, Back Pack had grown into the largest cross-border group supporting medical and primary healthcare services in Burma, an influential actor in the politics of aid, and a model promoted for humanitarian aid in and beyond Burma's 'chronic emergency'. The organisation's headquarters had moved into a large compound on the outskirts of Mae Sot. As the number of medics working in Burma increased, so did the number of office staff; and new training rooms and bamboo huts with leaf thatching were built in what was originally a dusty field at the back of the compound.

Back Pack's main office is now in the lower floor of a Thai-style wooden house. You leave your shoes at the entrance and have to be careful not to hit your head as you go down the steps into the sunken room. More junior office staff members are in this first room, sitting at computers, working on budgets and reports, playing with one of the 'Back Pack babies', or watching YouTube videos – John Denver's Country Roads is a favourite. One of Back Pack's older members, also the Pastor at the nearby Karen Church, is teaching a new intern to type Burmese. The 'data guys' are discussing Back Pack's Health Information Systems with a young American woman from Global Health Access Program. There are health promotion posters on the walls, piles of paper everywhere, and a whiteboard listing upcoming meetings, trainings and an audit. On the pillar next to the entrance there is a calendar, printed by the Karen National Union (KNU), displaying a photo of severe looking KNU leaders next to Saw Ba U Gyi's Four Principles: "For us surrender is out of the question; The recognition of Karen State must be complete; We shall retain our arms; We shall decide our own political destiny".

At the back of the office is a smaller room, where the Director and some Leading Group members are working. On one of the shelves is a framed photograph showing three of

Back Pack's original medics and founders, much younger and skinnier than when I met them. They are with a tall Caucasian man, one of their long-term partners. Although Back Pack has grown significantly since its early days, the vision, leadership and shared experiences of the men in this photograph – and of those they worked with from the late 1980s and 1990s onwards – are key to the history and development of the organisation. In this chapter, I will focus on this history, as well as discussing Back Pack's evolution in the decade after its creation.

A. Mae Tao Clinic and the Mobile Medical Teams

Back Pack's history is linked to that of the Mae Tao Clinic – the *jaun-tha sei-khan* (students' clinic) founded by Dr Cynthia Maung in 1989⁷² – and to the evolving conflict situation in eastern Burma in the 1990s. Dr Cynthia's almost hagiographic story is well-known on and beyond the border, and her leadership and reputation have been important for generating funding and political support. In Back Pack, Dr Cynthia is referred to as *Sayama-gyi*, or *Tharamu*⁷³. Young women who became my friends talk frequently of the inspiration they draw from her seemingly tireless efforts to help the community, and often describe her as the mother of their family in exile. On Dr Cynthia's birthday, Back Pack's female staff members help cook large tubs of curry, which is handed out in Styrofoam boxes to dozens of men, women and children who attend the celebrations. Community leaders give speeches, students from the Children's Development Center – a school that was created as an offshoot of the clinic – sing songs thanking “our mother”, and clinic staff, school children and members of Burmese partner organisations perform traditional dances. The celebrations coincide with the birthday of Thailand's King Bhumibol Adulyadej, national holiday when lavish festivities for the ageing, revered monarch are followed by Thais throughout the country. But in the Burmese community that has formed around the Mae Tao Clinic, it

⁷² The Mae Tao Clinic was named after the *tambon* (sub-district) in which it is located, which is outside the Thai town of Mae Sot. The clinic is commonly referred to as Mae Tao, Dr Cynthia's Clinic or the students' clinic (*jaun-tha sei-khan* in Burmese).

⁷³ In Burmese, *Sayama* literally means teacher (female) and is the honorific for female leaders and senior women. The suffix *gyi* (lit. “big”) implies that the woman is senior among leaders and/or the most senior of leaders. *Tharamu* in Karen has a similar meaning to *Sayama*. Since Dr Cynthia and the majority of Back Pack's management and office staff are Karen, she is often referred to as Tharamu Cynthia or simply Tharamu.

can be easy to forget that we are Thailand, and Dr Cynthia's birthday eclipses that of the Thai King.

Dr Cynthia is a Karen physician born in Rangoon⁷⁴. Before 1988, she had worked in various parts of Burma and in ethnic minority communities where, according to the official story, she became aware of the poverty, diseases and abuses faced by these communities, and was appalled by the lack of medical personnel and supplies. In 1988, she became involved in Burma's student-led protests. After the army crushed the demonstrations and seized power, she fled to the Thai-Burma border where she established contact with Karen leaders, Burmese activists, and local Thai authorities and church groups sympathetic to the plight of student protestors. In February 1989, Dr Cynthia and a small group of students opened a makeshift clinic in "a dilapidated building with bare dirt floors" outside of Mae Sot. In the beginning, they provided shelter and basic medical care to activists like themselves and young people escaping fighting in Burma's border areas.

Twenty years later, the clinic had nearly 700 staff and an annual caseload of around 90,000 patients (MTC 2010). About half the clinic's patients are now Burmese migrants living and working in Thailand (mostly undocumented and so without entitlement to free healthcare in Thailand); the other half comprise people of all ages who cross into Thailand to access free healthcare. Medics describe patients coming from all over Burma, even cities like Rangoon or Mandalay, because they cannot access or afford healthcare where they live. The clinic now has an Out-Patient Department, an In-Patient Department, departments for child and women's health, a laboratory, a prosthetics centre, a dentistry clinic and an eye clinic, as well as services like counselling and a child care centre. It has spawned a network of sub-groups providing social and welfare services to the Burmese migrant community in Mae Sot⁷⁵. And it is an important centre for medical and public health education, providing training to over 1,000 health workers

⁷⁴ Dr Cynthia's story is related on the clinic's website: <http://maetaoclinic.org/about-us/dr-cynthia-maung/> – last accessed 16 January 2012. It is also included in *From Rice Cooker to Autoclave at Dr Cynthia's Mae Tao Clinic*, a report marking the clinic's twentieth anniversary (MTC 2010).

⁷⁵ These include the Children's Development Centre (a school for Burmese migrant children), boarding houses for unaccompanied minors, safe houses for women, and outreach programmes targeting youths and factory workers.

since its creation (MTC 2010). Some medics I met through Back Pack had attended trainings or internships at Mae Tao before returning to work as part of Back Pack teams in their communities. But these trainings are not accredited, and medics trained by and working at the clinic are not officially recognised in Thailand or in Burma.

The many donors, embassy staff, journalists and others who visit the clinic often ask about its legal status and relationships with Thai authorities. The clinic is not officially registered or recognised; but as Dr Cynthia explains, Thai authorities allow it to operate:

“We can’t get official agreement, we could not get official status. But at the same time, in this area, the clinic can operate because they know the need for the clinic to exist here. [...] But for us, it’s still difficult, because mostly the staff working have no legal status as well as we don’t have medical license. So we could not become official. But still you can operate quietly and doing things good for the people here.”

At the time of my fieldwork, most clinic staff and medics had no documents to live or work legally in Thailand⁷⁶. Most also have no Burmese ID, because they lost their citizenship after fleeing Burma or because they come from remote and conflict areas where villagers are not documented. Most are therefore stateless. Medics and staff at the clinic – as well as Back Pack’s Mae Sot-based staff – have a Mae Tao Clinic card, which provides a degree of local protection: when stopped by Thai police or immigration officials, they are less likely to have problems or are asked for a smaller bribe than other ‘illegals’.

Over the years, Dr Cynthia and colleagues developed relationships with local Thai authorities and contacts in the Thai health system. The clinic was thus able to establish referral systems with Mae Sot General Hospital; through a sub-programme, it sends patients needing advanced procedures to hospitals in Chiang Mai; and it runs outreach programmes, sometimes in cooperation with Thai health workers, such as immunisation

⁷⁶ By the beginning of 2012, however, staff of Mae Tao Clinic and Back Pack were given ten-year residency cards, allowing them to stay in the Mae Sot area but not to travel beyond this area without permission. Some Back Pack staff members I worked with have also been registered in another sub-district, which means that they are effectively still illegal as they live and work in Mae Sot.

or HIV awareness in the migrant community. Local authorities and health officials explain that the clinic reduces the burden of an ever-growing unregistered Burmese population on Thai health systems, and enables disease control in a mobile and difficult-to-access population – but they are often reluctant to speak on record of their collaboration, which remains unofficial and is built through inter-personal connections and mutual benefits. A Thai intelligence officer also admitted,

“If there wasn’t the Mae Tao Clinic, there would be many more patients from Burma in the Mae Sot hospital or Pawo hospital⁷⁷. Mae Tao Clinic also has good relationships with the high level and the international organisations, so it is better to work with them than to be opposed to them.”

Over time, Dr Cynthia and her colleagues succeeded in obtaining ever increasing amounts of international support for the clinic and its growing network of sub-groups. With an estimated budget of US \$2.9 million in 2009⁷⁸, the clinic by then received substantial sums from an impressive list of donors, including governments such as the UK, US, Canada and Australia. The clinic has also become an important voice in advocacy for democratic change in Burma. Dr Cynthia has received many international awards and is often compared to Daw Aung San Suu Kyi, with some referring to her as The Lady of the Border⁷⁹. The networks that Dr Cynthia and colleagues developed over the years with international health professionals and organisations were also instrumental in the creation and development of Back Pack; so too were connections with members of what are referred to locally as ethnic health departments.

Prior to Back Pack’s creation, Mae Tao Clinic and other groups on the border already supported Mobile Medical Teams (MMTs). Dr Cynthia established the MMTs in 1991, as scaled-up fighting along the Thai-Burma border displaced increasing numbers of people who were exposed to disease and other health risks, and had little to no access to healthcare. Medics from Mae Tao Clinic went on six to eight week trips into Burma,

⁷⁷ There are two Thai hospitals in Mae Sot: the Mae Sot General Hospital, which is the public hospital, and Pawo Hospital, which is a private hospital.

⁷⁸ The budget of US \$2.9 million in 2009 is just for the Clinic and its health programmes. The budgets of organisations like Back Pack, the Children’s Development Center and other organisations are calculated separately.

⁷⁹ Daw Aung San Suu Kyi is often referred to as The Lady.

travelling on foot with medical supplies. Initially, they were strangers to local communities; but as a former MMT medic explained, “[t]hey already had some medics there; we tried to communicate with them, we worked together with those medics there.” Local medics helped the MMT medics avoid landmines and *Tatmadaw* soldiers, and gain the trust of villagers they treated and who provided them with food and shelter on their way. Former MMT medics I met (some of whom later became part of Back Pack or partner groups) were students in urban areas of Burma before getting involved in the 1988 uprisings and fleeing to the border. They were more educated than local villagers, and some were from a different ethnic group or spoke a different language to those they treated. Their work was difficult, dangerous, and as a foreign doctor who worked with them described,

“it wasn’t really very systematic about where [they went]... It was a little bit haphazard at the time. And certainly the funding was extremely haphazard”.

The MMT programme ended in 1997. It had insufficient resources to meet growing health needs in border areas. Scaled-up *Tatmadaw* offensives had led to massively increased displacement. Field clinics set up by Dr Cynthia inside Karen State were destroyed or could no longer function, and it became increasingly difficult for medics from Mae Tao Clinic to provide healthcare in unstable areas. But as Dr Cynthia explained,

“We still had health workers in the community. So to be able to continue this function, from the health workers who are living and working inside – like Karen, Karenni, Mon – start [to] set up Back Pack programme, to become community-based healthcare programme.”

B. Back Pack Health Worker Team: response to the situation in eastern Burma in the late 1990s

From the perspective of senior medics from ethnic minority communities who founded Back Pack, the latter enabled their integration into a more stable and sustainable system than the MMTs, one that harnessed medics already living and working within remote areas of Karen, Karenni and Mon States⁸⁰. It also enabled them to access regular financial and technical support, in order to further develop local-level systems for health. Founding Back Pack members like Thara Law Eh – a senior medic working at the time inside Karen State – thus already had a sustainable community-level healthcare system in mind when they created Back Pack:

“We planned to set up healthcare before ‘97 and ‘98 because there was a need for healthcare in the area but no healthcare existed. I had to seek help from outside. At that time, BRC⁸¹ organised and dispatched mobile teams, which went around and provided healthcare in the area. [...] After going around for a month, the medics came back and had to report about the villagers they could reach. And they had to go to another area the next time. At the beginning, we ran healthcare in that way. Later, we thought that rather than running it that way, there should be health worker teams in the area in order to implement and monitor healthcare effectively, and to be able to respond to needs at any time. We thought that rather than having mobile trip, it would be better to set up a group and station it in the particular area all the time. That’s why we set up Back Pack.”

In 1998, Back Pack was created by a small group of key individuals including senior medics from ethnic health departments in Karen, Karenni and Mon States, Dr Cynthia, and medics from the All-Burma Students’ Democratic Front (ABSDF)⁸². It was initially

⁸⁰ As described above, the MMTs used medics working out of Mae Tao Clinic, who went on short missions into Burma to provide healthcare in different areas. These trips were irregular, target areas were not consistently defined, and the MMT system therefore did not allow for the development of sustainable healthcare systems. Back Pack, in contrast, drew on local-level human resources for health – medics already living and working within clearly defined target areas. After being harnessed into Back Pack, these medics remain within their communities, providing a constant presence and enabling more sustainable and systematic healthcare delivery.

⁸¹ BRC is the Burma Relief Center, which is described below. BRC also supported MMTs in these areas prior to Back Pack’s creation.

⁸² The ABSDF is also known as the Student Army and was founded in November 1988 by student protesters who

run as an outreach programme of the Mae Tao Clinic. In the words of one of Back Pack's long-term donors and supporters, "Dr Cynthia had the ability and the vision for bringing people together". But the impetus for Back Pack's creation came from the depletion of existing health systems, when ethnic nationalist groups – particularly the Karen National Union – were weakened in the second half of the 1990s. Senior medics on the ground then started to look outwards for support to be able to maintain systems for health in remote and conflict-affected ethnic minority communities.

It was also from connections forged in the post-'88 period between members of ethnic health departments in each State, student activists, and the Mae Tao Clinic that Back Pack was created – initially as a response to the situation in the late 1990s on the Thai-Burma border. After the junta crushed the 1988 uprisings and seized power in Burma, many young demonstrators, including some of Back Pack's founders, had left their families behind and fled to Burma's border areas where they met with ethnic nationalist groups fighting the *Tatmadaw*. Saya Tun Aung – one of Back Pack's founders and Leading Group members – was among them. His story is revealing of the inter-personal links and of the shared experiences and common history of opposition to the Burmese military regime, which were later instrumental in Back Pack's creation.

Saya⁸³ Tun Aung's story

"I was born in Burma, Mon state. [...] When I left from Burma, I was studying Eighth Standard⁸⁴. In Burma, the 1988 general strikes started. [...] We set up the camp – temporary uprising camp – in our school. Around nearly sixty – more than sixty students, high school and middle school students participated and stayed in our school. We organised to talk with the people, village by village, between the August to September uprising, before the military took power."

fled to the border areas and took up arms after being trained and supplied by armed ethnic nationalist groups. Although financially and militarily weakened in recent years, the ABSDF continued armed struggle up until and after the 2010 elections in Burma.

⁸³ *Saya* (masculine) is an honorific in Burmese, literally translated as "teacher" and denoting seniority and leadership.

⁸⁴ The grades in the Burmese education system go from Kindergarten to Tenth Standard (also called Grade Ten). At the end of Tenth Standard, students must pass the Basic Education Standard Ten Examination (matriculation exam) in order to receive their diplomas. The vast majority of Back Pack leaders and medics left school before reaching this level, and only attended until Middle or Elementary School.

“After military took power, September 18th, we thought we cannot stay in our village or in our school. So we decided... we called meeting at night, who will leave to the... we call ‘rebel area’ [*laughing*] – like the KNU... In Burmese, words are very simple: we call *daw-kho* [*i.e. enter the jungle*]. [...] Very danger for us. So suddenly we left at 4 am. We can’t go back home [to say goodbye], so we left. [...] At afternoon, we crossed the Billin River. The SLORC – we call SLORC, naw⁸⁵? The SLORC came to find us at the river. One of our colleagues sank in the river. Once at another village, [SLORC soldiers] fired. One villager died. [...] [The villagers] support some food... We didn’t have anything. We carried our clothes and our small bags. We didn’t have food or anything like that.”

“After we crossed the river, then we arrived at another village, we met with the KNU soldiers there. They came to meet us and they take responsibility for travelling. We continued our trip. [...] Very difficult life! We suffered lots of malaria. Some died, suffering the malaria. We had never seen the malaria... We stayed there, we started to learn the basic military training. [KNLA] trained us. Our aims and our emotions are very strong [...]: we can get our victory, it’s not so long, we think, two months or one month.”

“Yeh, we was, we can call ‘child soldiers’, but we don’t understand ourselves. [...]. After, we founded ABSDF. [...] My experience is working with the ABSDF for a long time. Also I started learning the medical training in 1992. After that, I [was] working with the medical background. I [was] going to the community area, I treat[ed] the patients or I take care of the health services. [...] My teacher is Dr Cynthia Maung. Also Dr Myit Cho from ABSDF leaders. [...] I studied a short time – three months’ medical training.”

“After I finished training, I go to the area, Karen State, ABSDF frontline area... we working together. Also 1997, the SLORC starts a lot of offensives, the villages destroyed, they burned, the people cannot stay [in] their village, run to the Thai-Burma border. [...] 1998, the medics from ABSDF and the Mae Tao Clinic [and] other ethnic health departments [...] start found the Back Pack Health Worker Team. [...] We start found the Back Pack programme, they take care for the people,

⁸⁵ “Naw?” in Burmese is like putting “right?” or “isn’t it?” at the end of a statement. A number of Back Pack’s leaders and office staff speak excellent English but out of habit often end sentences in English with “naw?”

IDPs⁸⁶ – we call IDPs – in inside area. So many people become the IDPs! [...] The history is very simple, naw? ABSDF medics... we are ABSDF medics. We joined with the Back Pack and start... We working for a long time, until now.”

“We have like our dream, naw? Because that’s our aim and our hope, to support the people or try to get our goals, like freedom. [...] For me, the situation, we don’t see anything changed in Burma yet. Oh, we are working for a long time! Last time, we are young, naw? We are now older, then older, like this. The situation, when will [it] change?”

Like Tun Aung, many young men and women who grew up in urban areas and had no previous experience of conflict were trained and armed by those they previously knew as the ‘rebels’. Some went on to found the All-Burma Students Democratic Front (ABSDF) in November 1988, and fought alongside ethnic nationalist groups in Burma’s border areas. By working together and sharing scarce resources, members of ABSDF and of ethnic nationalist groups created strong connections. As Saya Aung Myint, another ABSDF member and Back Pack founder, recalled:

“ABSDF received many kinds of support, including technical, money... Yeah, from outside. So we can provide to the local community. Mostly are in Karen State. We take care with our health services to the local community; we can care with our resources to the community – not only community but also KNLA soldiers. They [were] also facing sometimes some difficulties – including health, medical materials, so we try to provide and support. They support to the ABSDF, including the military training and some other kinds of training, and also they support the weapons – including guns and the bullets, and many kinds of military material, they supported the ABSDF. We helped each other, you know?”

Among the ABSDF were many educated people, including doctors and engineers. In 1989, doctors who had fled to border areas began training medics from ABSDF and ethnic health departments in the ABSDF’s headquarters near Manerplaw⁸⁷. Dr Cynthia

⁸⁶ I.e. Internally Displaced Persons.

⁸⁷ Manerplaw is in Karen State and was the headquarters of the KNU/KNLA until it was overrun in 1995. This marked the end of the ‘Manerplaw era’, when the KNU/KNLA had control over what were referred to as liberated territories, and the ‘second front’ was then pushed back towards Thailand (South 2011).

was among the trainers; some of Back Pack's founders were among her first students. Networks were further developed through such trainings and through the wider collaboration created by the convergence of student activist and ethnic nationalist movements. As Dr Cynthia explained,

“through the training programme we expand[ed] our network. Because the trainees [have] been trained by some trainers from ABSDF doctors, some are from Mae Tao Clinic, some from ethnic health departments. So to be able to establish one training programme, you need to bring resources from all the different groups.”

The ethnic health departments were and remain building blocks of the Back Pack model. Ethnic health departments (also called ethnic health organisations) are health systems under para-state structures of ethnic nationalist groups, including ceasefire and resistance groups. As described in Chapter 2, larger ethnic nationalist groups had previously supported health and welfare systems in areas under their control. Back Pack's creation was tied to the weakening of these groups, when they could no longer support clinics and medics – and in particular, to the weakening of the KNU/KNLA and scaled up displacement in Karen State in the second half of the 1990s. Health workers in KNU-controlled areas were typically trained by and worked with the Karen Department of Health and Welfare or the KNLA's Medical Branch⁸⁸. In Back Pack's creation, senior medics from these Karen medical groups and their counterparts from Mon and Karenni groups were essential, since they had access to local communities as well as the authorisation and protection of political and armed groups in their areas. And so it was in the coming together of medics like Thara Poe Say – Back Pack's Director when I began fieldwork – with ADBSF medics and Dr Cynthia that Back Pack was created.

⁸⁸ Senior Back Pack members explained that health services in Karen State initially fell under the administration of the KNLA Medical Branch (KNLA-MB), which ran hospitals and clinics serving mostly civilians but also soldiers of the KNLA. The Karen Department of Health and Welfare (KDHW), civilian health department falling under the administration of the KNU, later became the mechanism through which Karen medics appealed for international donor funding, with the civilian and military mechanisms gradually becoming more clearly defined.

Thara⁸⁹ Poe Say's story

"[B]efore I left from my native land, so my father is working with the Karen National Liberation Army – KNLA – in [Irrawaddy] Delta region. [...] So because of my father working with the Karen National Liberation Army, the SPDC accused me and the whole [of] my family at the start of the Four Cuts policy, 1973... At the time, I was three years old or four years old. So 1973 or 'round about then... So all my family arrested by the Burmese Army. They put [us] into the jail until my father, they catch [him]. [...] I can remember that, because of the situation was a bad situation. You know, during that time, because of the Four Cuts policy, always they come, they arrest, they beating my mother, almost every week... before arrested. But we are not [in] the same jail. Different jail. My sister and my mother are in one; and my grandfather and me, the other one. [...] They killed [my father], on the field. Directly killed, on the field, shoot him on the field."

"I started learning when I was eight years old – I started study at school very late! But anyway, I try to study up to Grade Ten. I did not pass Grade Ten, because one of the essays, I wrote about the BSPP⁹⁰ [laughs]. [...] So everybody, we are facing with the oppression by the BSPP government. So we do not have no freedom. [...] I know myself, because my father is join with the Karen National Liberation Army, that's why the BSPP government will not allow to me to go to the university. [...] And also I decided myself to do struggle for our people, for freedom for our people. So that's why I joined with the Karen National Union since 1982. I came here [with] nine people. Most of the people, they are dead."

"I tried to commitment to work for my people for the struggle for their revolution. And I joined with the Karen National Union, since 1982, and they appointed me to the hospital. [...] First, it's the internship, about two months. So I do have also received the basic military training, six months [...] 1984, I started learning the basic medical training in the Karen National Union headquarters, in Manerplaw. [...] And at that time, I do have already three years' experience working in the field,

⁸⁹ *Thara* is the Karen equivalent of *Saya*. *Thara* refers to senior men and *Tharamu* to senior women.

⁹⁰ The Burmese Socialist Programme Party (BSPP) was formed by Ne Win's military regime, which seized power in 1962. It was the sole political party allowed to exist in Burma during the period of military rule from 1964 until the aftermath of the popular uprisings of 1988. As Poe Say explains, during this time (and also under the rule of SLORC and later the SPDC), the children of those considered 'enemies' of the regime were prevented from pursuing their education in Burma's depleted higher education system (Fink 2001).

in the hospital. After I finished, 1984 to '85, again I followed the advanced medical training, three year course, until 1987. And then after, I working in the General Hospital, in the Toovaloo hospital. And most of [the time], I have to go to the front line, the hospital.”

“After the Karen National Union withdraw from their headquarters, so we are not... the medicine could not receive from the Karen National Union there, they lost everything. They lose everything and financially they are shortage. So that’s why we find a way to get the medical supplies. Finally, we heard about Dr Cynthia. So we tried to contact with her. And then we asked some support for small medicines. In 1996, so we started to contact with Dr Cynthia.”

“At that time, also Dr Cynthia sent the Mobile Medical Teams supported by different funding there. So finally, we had more contact with Dr Cynthia because we do not have any other support... [...] Finally, we decided to form the... in order to unite the [...] different ethnic groups and in order to standardise the health system, so that’s why we formed the Back Pack Health Worker Team, since 1998.”

“We do have already separate: Mon Health Department, Karen Health Department, Shan Health Department. They want to do separate. Finally, we decided two ways: one is they can do themselves, directly contact to the donor in terms of the [mobile] clinic; but for the Mobile Medical Teams, we will join together. That’s why we decided, on August 19th in 1998, to establish the Back Pack Health Worker Team, started in Mon, Karenni and Karen [States]...”

The ethnic health departments enabled health workers living and working on the ground to be harnessed into a system for the continued provision of healthcare to vulnerable ethnic minority communities; they also continued to run clinics in more stable areas by tapping into donor funding. In Back Pack’s early target areas, a two-tiered model for the provision of healthcare was thus born, with Back Pack teams serving the most volatile areas and mobile clinics⁹¹ run by ethnic health departments serving more stable areas.

By the late 1990s, leaders in the ethnic health departments and Dr Cynthia had also

⁹¹ The clinics run by ethnic health departments like the Karen Department of Health and Welfare are referred to as ‘mobile clinics’ because when the local population is displaced, the clinic follows. Clinics are typically run in semi-permanent structures made of bamboo and other local materials.

developed contacts with partners like Burma Relief Centre (BRC) who could help them obtain international financial and political support. BRC had been created in the aftermath of 1988 by individuals with links into activist and pro-democracy networks inside Burma, as well as the growing Burmese community in exile and network of international Burma lobby groups. The organisation now supports work in health, education, and media training, as well as emergency food distribution. For Back Pack, as Poe Say explained,

“BRC is like the main funder or supporter at the beginning. [...] We didn’t know [where BRC got funding from]. But also, funding we didn’t understand – what is the donor, NGO, we didn’t understand. We just needed supplies and the medicine!”

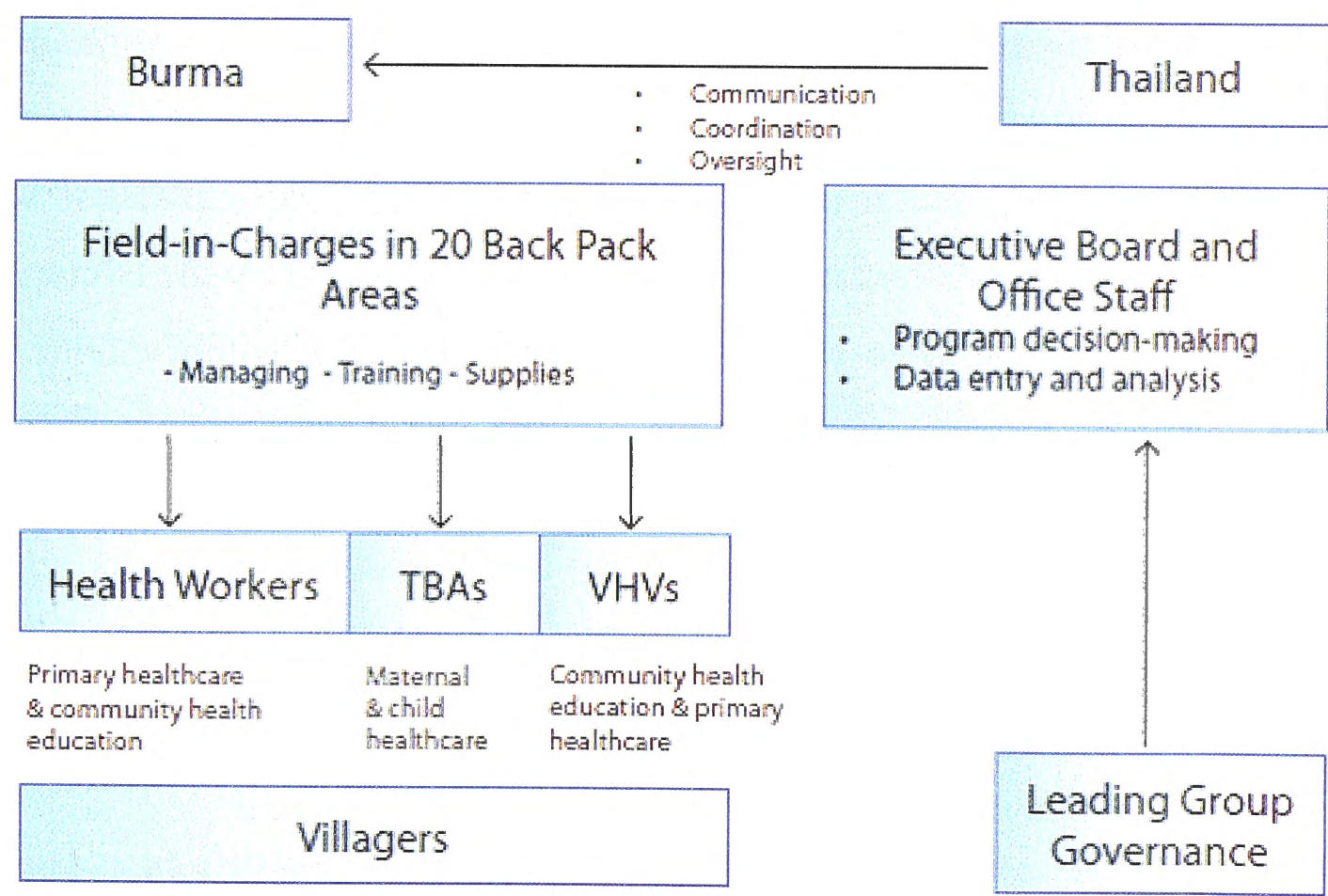
As described in Chapter 6, BRC became one of Back Pack’s most important intermediary partners, and over the years enabled Back Pack to access increasing amounts of international financial and political support.

Back Pack’s founders therefore came from or had connections into the pro-democracy movement and ethnic nationalist organisations in the borderlands. These inter-personal and socio-political connections were and remain essential to the functioning of networks, which over the years have enabled Back Pack to operate and expand in Burma’s border areas. Back Pack was therefore the product of a particular historical and socio-political context. As described by Verna of NGOs elsewhere, the organisation’s vision and work was – and continues to be – informed by the perspectives and experiences of its founders (Verna 2007). In particular, and as will become clearer through the following chapters, the leaders brought to Back Pack their politico-moral vision of the world – a world in which the state and its agents are the source of suffering for the peoples of Burma, and in which the type of federal democratic system imagined in the coming together of student activists and ethnic nationalist groups in the 1980s and 1990s provides a blueprint for a political solution to conflict and oppression.

C. Towards sustainable primary healthcare systems in ethnic minority communities

In its early days, one of Back Pack’s international partners explained, Back Pack was kind of like a ‘club’ to bring together medics who had been trained through a variety of mechanisms and who had come to be underemployed. But Back Pack was also a way to run more systematic, standardised and effective programmes. As Dr Cynthia explained, “through this network, we [were] able to have better information from the community, and then better planning for future services”. Back Pack’s founders realised that in order to have a real impact on health outcomes in border areas, they needed a systematic approach based on data collected in the field, with standardised programmes and services and common treatment protocols. Supporting health workers within their own communities also promised for a more sustainable approach and more effective monitoring of health programmes.

Figure 1: Relationships between Back Pack’s organisational components, their roles and their geographic locations (BPHWT 2010b: 15)



Back Pack's leaders, management and office staff are based in Mae Sot during the year; the medics live and work in their communities inside Burma (Figure 1). Medics are required to have attended a minimum of six months' Community Health Worker training, normally with an ethnic health department. They then have to work in their communities for another six months⁹², and to be recommended by those communities before being accepted as having the experience – and the backing of systems through which they will work – to join a Back Pack team. None of the medics who are part of Back Pack teams are doctors, and most have not attended accredited medical training⁹³. However, Back Pack's management take pride in the experience that their medics have – placing value on practical rather than purely textbook learning – and put a lot of effort into upgrading their skills and knowledge. One senior medic, when asked about his medical credentials by a foreign visitor unfamiliar with the organisation, replied:

“I work as a doctor. I can do everything as a doctor: I can do operation, I can do amputation, I can take care of the landmine victims... but I am not a doctor. I learned in the jungle, not in the university.”

Back Pack now runs three health programmes: the Medical Care Programme (MCP), Community Health Education and Prevention Programme (CHEPP), and Maternal and Child Healthcare Programme (MCHP). Each has a Programme Coordinator, who is based in Mae Sot throughout the year and manages the implementation of programme activities in different target areas (Annex 2). Each of Back Pack's twenty target areas has a Field in-Charge⁹⁴ – a senior medic with several years' field experience who is elected by the other health workers in the target area and approved by the ethnic health department. Field in-Charges also tend to have senior positions within ethnic health departments or other 'mother organisations' (which are discussed in Chapter 5),

⁹² In order to gain experience, the medics are expected to go back to their communities after training, and work as Community Health Workers in a village, as part of a clinic run by an ethnic health department or as an intern with Mae Tao Clinic or one of the local Back Pack teams. The significance of and socio-political mechanisms behind training and recruitment systems are further discussed in Chapter 4.

⁹³ None of the Back Pack medics I met had gone through accredited training to be doctors; but as discussed in Chapter 5, there are a growing number of younger medics who have attended official government trainings to become Community Health Workers or Auxiliary Midwives.

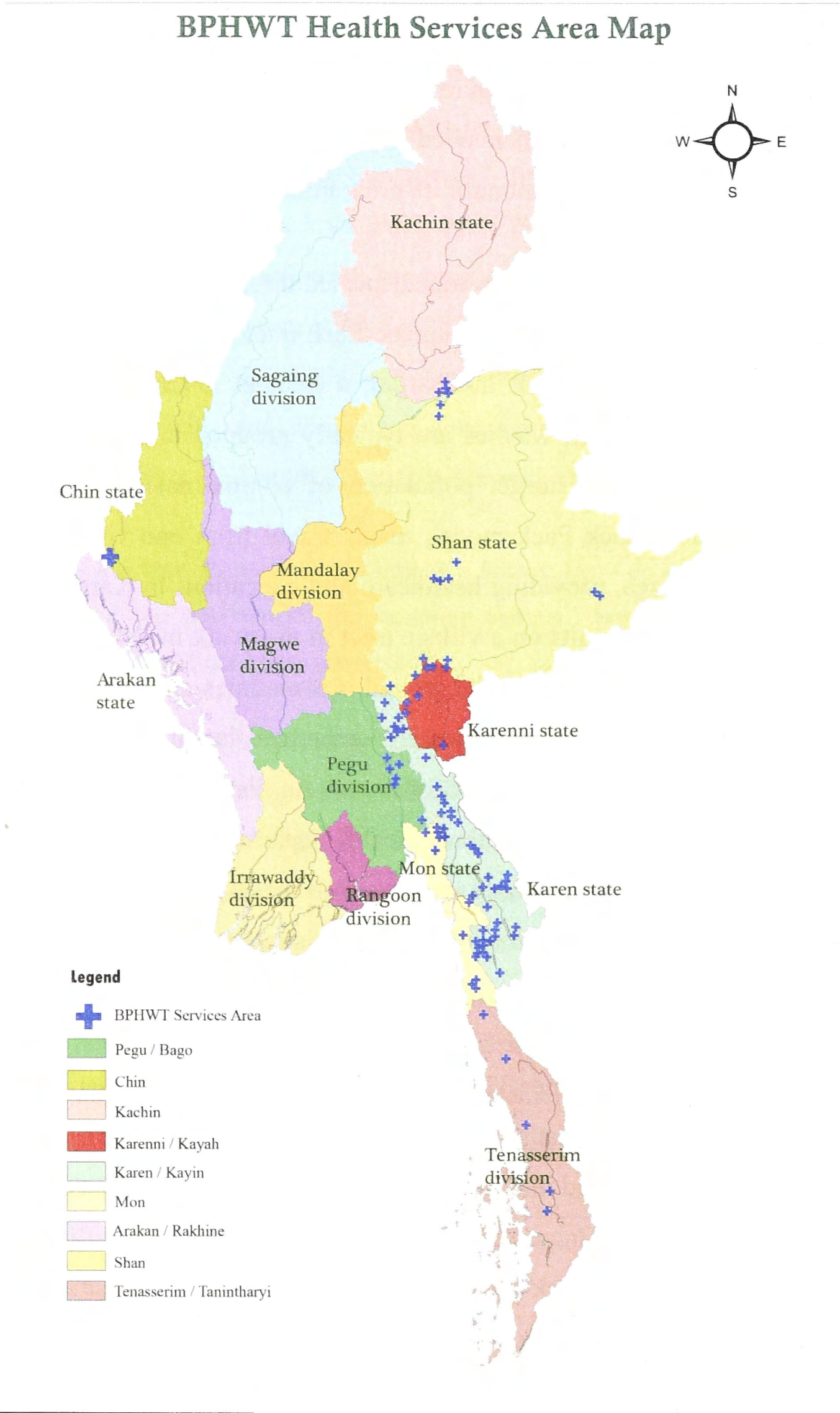
⁹⁴ Back Pack target areas also generally have a Second in-Charge, who is – as the name suggests – second to the Field in-Charge and takes on a leadership, management and decision-making role within the target area.

enabling Back Pack to work through systems in place in its target areas. Twice a year, Field in-Charges travel from their areas to Mae Sot to attend the organisation's Six-Month Meetings. The Field in-Charges are the link between the medics inside Burma and the management on the border (Figure 1). They enable supplies, money, technical resources and other support to be channelled to medics on the ground; they also bring back data and enable Back Pack to monitor its programmes.

By 2010, Back Pack's target population was dispersed through 43 townships (BPHWT 2010b). A township is divided into village tracts. Each tract is supervised by a Field in-Charge (who is generally the MCP in-Charge), a Second in-Charge, a CHEPP in-Charge and an MCH in-Charge. Medics are typically grouped into teams of three to five, with one team serving a target population of approximately 2,000 villagers. According to the typical Back Pack model, teams travel from one village to another within their designated area, providing healthcare and education. In Karen State, Back Pack teams do one or two circuits on a village tract in every six month period. In other areas, the way Back Pack functions on the ground is sometimes different. In Mon areas, for example, individual Back Pack medics are embedded in different villages rather than travelling together around a circuit of villages. As discussed in Chapter 5, since Back Pack works with and through ethnic health departments and other local-level partners in its target areas, it adapts and moulds itself to systems on the ground – and Back Pack is therefore better understood as a network supporting and bridging between systems in different target areas.

Back Pack initially brought together 32 teams, with 120 medics in Karen, Karenni and Mon States. By 2010, the organisation brought together almost 300 medics divided into over 80 teams, and had expanded into Shan, Kachin, Chin and Arakan States (Figure 2). Its target population had also increased to over 180,000 people in conflict as well as ceasefire areas. So while Back Pack was created as a response to the situation in conflict and contested parts of eastern Burma, it expanded into other conflict as well as ceasefire areas along Burma's eastern, north-eastern and western borders – and even into the Irrawaddy Delta region after Cyclone Nargis.

Figure 2: Back Pack target areas⁹⁵



⁹⁵ This is an adaptation of a BPHWT map of target areas in 2010. It includes the names for Burma's states and divisions, which were used by the British colonial administration and continue to be used in Back Pack's publications – for example, Back Pack refer to Karen State rather than Kayin State, the latter being used by the government.

In the decade following its creation, Back Pack also evolved beyond what is sometimes called band-aid relief and towards developing sustainable capacities for primary healthcare. Medics were initially trained to treat common diseases and injuries, focusing largely on curative care; but the leaders recognised the importance of an approach emphasising prevention and health education, so that communities could learn to protect and promote their own health. Through partnerships with foreign doctors and public health professionals – in particular, academics and professionals linked with Johns Hopkins University and later Global Health Access Program – the leaders learned more about primary healthcare and public health models. Today, they explain Back Pack’s functioning as based on the principles of the 1978 international Declaration of Alma-Ata, which reaffirms health as a human right and outlines the characteristics of a primary healthcare model bringing “healthcare as close as possible to where people live and work”⁹⁶. And as Back Pack obtained increasing amounts of funding, it was able to focus more on preventative approaches and on developing community-level knowledge and skills. Community empowerment for health became the means as well as the end of Back Pack’s model, making it ever more attractive in an international aid system that, by the 1990s, placed emphasis – at least rhetorically – on community participation and empowerment (e.g. Chambers 1997; Craig and Mayo 1995; de Sardan 2001; Mohan 2001).

Back Pack’s Medical Care Programme (MCP) focuses on diagnosis and treatment of common diseases and injuries. Since infectious diseases are the main cause of mortality and morbidity in Back Pack’s target areas, MCP workers are trained to diagnose and treat common diseases in accordance with the protocols of the Burma Border Guidelines, a set of standard clinical guidelines adapted for health work on the Thai-Burma border⁹⁷. The most frequently encountered diseases are malaria,

⁹⁶ http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf – last accessed 4 April 2012.

⁹⁷ The Burma Border Guidelines (BBGs) draw on international diagnosis and treatment guidelines developed by the World Health Organisation, international medical literature, and the experience of NGOs working in health. The BBGs are updated every two or three years and are used by NGOs along the Thai-Burma border to standardise diagnosis and treatment.

diarrhoea/dysentery, acute respiratory infections, anaemia, and worm infestations. MCP workers are also taught trauma management and how to deal with acute injuries, including landmine and gunshot injuries. Some MCP workers I met can perform basic surgeries or dentistry work. MCP was Back Pack's first health programme; today, when the organisation expands into new areas, it also tends to be the first programme implemented by teams on the ground.

Back Pack's second programme, CHEPP, focuses on health education and disease prevention. CHEPP workers run Village Health Workshops to teach community leaders and members to protect and promote their own health through such measures as vector control or hygiene and sanitation. Through School Health activities, they train teachers to promote 'healthy behaviours' in and beyond the classroom and they teach children about disease transmission and prevention. CHEPP medics also work with communities to build water and sanitation systems, such as latrines or water gravity flow systems. As part of CHEPP, Back Pack builds community capacities by training and working with Village Health Volunteers (VHVs). VHVs are unpaid villagers who are taught about common diseases and disease prevention. They assist Back Pack medics, helping with Vitamin A distribution, supervising the completion of treatment courses, compiling population lists and monitoring water and sanitation systems. When CHEPP medics conduct Village Health Workshops, they work with VHVs to teach villagers about health and better identify local needs and priorities. VHVs also provide an ongoing presence in the village so that, for example, if a villager steps on a landmine, the VHV can provide immediate first aid, and then refer the patient on for further care.

Back Pack does not work with VHVs in all target areas; but in all areas, medics have developed local contacts and drawn on community networks that are then utilised in medical emergencies. Patients with severe injuries or diseases are carried on foot by VHVs and/or local villagers to the nearest Back Pack team; or when the patient cannot be moved, the Back Pack medics are fetched by the villagers to provide assistance on the spot. The medics provide what treatment they can and where surgery or advanced care is required, they send the patient to another health service provider – for example, a mobile clinic run by one of the ethnic health departments, a government clinic or hospital in the nearest town, Mae Tao Clinic, or a hospital in a neighbouring country.

Back Pack's most recent health programme, the Mother and Child Healthcare (MCH) Programme, aims to reduce the high rates of maternal and infant mortality in border areas. Back Pack surveys in its target areas had found that most pregnant women had no access to maternal health services and delivered at home or in the jungle; women were also found to have a 1 in 12 lifetime chance of dying during pregnancy or childbirth (BPHWT 2006). In order to make health services more readily available to mothers and young children, MCH medics provide ante-natal and post-natal care, assist deliveries and register births. They also promote birth spacing and provide contraception to married women⁹⁸. MCH workers cooperate with Traditional Birth Attendants (TBAs) – older women who work in their communities over generations, assisting women who deliver babies where there are no official health services. Women who become TBAs generally have little to no formal health education and most cannot read or write; they rely on knowledge from their grandmothers and mothers before them about how to help mothers before, during and after childbirth. Back Pack builds on these local resources, by teaching TBAs about safe deliveries and mother and child health, as well as how to recognise danger signs, contact the Back Pack medics in case of obstetric emergencies, and refer patients if Back Pack medics are not nearby.

According to Back Pack's health access targets, one team of three to five medics should serve a target population of 2,000 villagers with the assistance of ten VHVs and ten TBAs (Annex 2). Although Back Pack does not yet implement the MCH and VHV programmes in all its target areas, this is the model in relation to which Back Pack monitors its progress in developing a local-level primary healthcare system.

⁹⁸ Discussions with MCH workers working in different ethnic minority areas indicated that family planning is a sensitive issue. Many medics I spoke to about family planning maintained that there is no such thing as sex before marriage in their cultures. They explained that communities are more accepting of 'birth spacing' than 'family planning', since the latter can be seen to clash with cultural and religious values. It is deemed inappropriate to distribute contraceptives to unmarried women; and the husband's consent is considered necessary in order to respect local customs and norms. Back Pack therefore only provides contraception to married women who do not wish to have any more children.

D. Health and human rights: Back Pack as a political actor

The Back Pack Health Worker Team is committed to protecting and promoting the human right to health for all individuals and communities of Burma, regardless of race, gender, religion, culture, political affiliation or age. [*Guiding Principles of BPHWT*]

Back Pack's policy is to target communities with no or restricted access to health services – whether provided by the state, international agencies or other organisations. This ensures that Back Pack targets populations in need of healthcare and avoids overlaps with other providers. It also firmly positions Back Pack as filling the gap left by the state's failure to meet the needs of ethnic minority communities, and by restrictions on humanitarian access. As one of Back Pack's leaders explained, “[i]f we don't provide healthcare service in our own area, nobody will come and do it”.

Back Pack combines healthcare provision with international-level advocacy. The latter involves cooperation with local partner organisations such as Mae Tao Clinic and international partners such as Johns Hopkins University Center for Public Health and Human Rights (JHU-CPHHR) and Global Health Access Program (GHAP). Even before Back Pack's creation, founding members such as Dr Cynthia had contacts with health professionals and academics from the US, who had often been trained at and/or were linked with Johns Hopkins before developing connections with Mae Tao Clinic and other health providers in Burma's border areas. Some of these experts went on to create GHAP, “a consortium of health and public health professionals, university faculty, technical specialists from various fields, students, and activists, who volunteer their time to provide support for local indigenous organisations”⁹⁹. When, shortly after Back Pack's creation, its leaders decided to start recording health data in their target areas, they expanded their networks internationally by drawing on contacts in JHU and GHAP for technical support. As well as collecting data to plan and assess their health programmes, Back Pack's leaders wanted to use credible statistical methods to highlight the situation in their areas.

⁹⁹ http://www.ghap.org/about_us/who_we_are/ – last accessed 5 April 2012.

The most significant example of Back Pack’s advocacy before I started fieldwork resulted from this collaboration between Back Pack and experts from JHU and GHAP, and took the form of a report entitled *Chronic Emergency – Health and Human Rights in Eastern Burma*. “The collaboration was born from a meeting of interests”, a public health expert working with JHU-CPHHR recalled,

“with Back Pack interested in documenting what was going on in their target areas, and us interested in the methodology. Hopkins and GHAP could provide the scientific tools to measure the burden of human rights abuses that Back Pack teams wanted to document. The result was *Chronic Emergency*, which brought more publicity than Back Pack had ever intended. From Hopkins’ perspective, this was a scientific breakthrough. [...] No one before was using epidemiological tools to measure whether human rights abuses [in Burma] were systematic and widespread.”

Figure 3: Selected human rights violations and human rights outcomes (from *Chronic Emergency – BPHWT 2006: 11*)

Human Rights Violation in Preceding 12 months	Linked Health Consequence	Odds Ratio*
Forced Relocation	♦ Childhood (under 5) death	2.4
	♦ Childhood malnutrition	3.1
	♦ Decreased use of contraception	6.1
	♦ Landmine injury	4.5
Food Insecurity	♦ Overall death	1.5
	♦ Moderate child malnutrition in household	4.4
	♦ Severe child malnutrition in household	2.0
	♦ Landmine injury	4.6
	♦ Head of household suffering from malaria at time of survey	1.7
Forced Labor	♦ Diarrhea in two weeks prior to survey	1.6
	♦ Night blindness (vitamin-A deficiency)	2.1

*Ratios compare the odds of the linked health consequence compared to households that have not suffered this human rights violation. Ratios greater than 1 signify that the consequence is greater.

The report publicised the findings of a survey implemented with technical support from JHU-CPHHR and GHAP, and establishing many statistically significant correlations between health outcomes and human rights violations (BPHWT 2006). For example, the odds of childhood mortality were found to be increased by 2.4 if the child's family had experienced forced relocation (Figure 3). It was also in this report – the basis of Back Pack's subsequent advocacy – that the situation in eastern Burma was first described as a 'chronic emergency' and compared, using public health indicators, to a human catastrophe:

indicators collected in IDP areas of eastern Burma bear more resemblance to other areas facing humanitarian disasters, such as Sierra Leone, Rwanda, the Democratic Republic of the Congo, or Angola, than those reported officially by the Burmese government to international organisations such as UNICEF (BPHWT 2006: 69).

Through collaboration with experts from JHU and GHAP, the leaders thus developed a powerful framework for their work and advocacy. As one Back Pack founder explained:

"Before 2002-2003, we did not understand about human rights or about the relationship between health and human rights. But we participated in the trainings and in the workshops and we saw that it really does relate! And we learned that even if, as health workers, we try to work to improve people's health, if the human rights violations continue then the health will stay bad. It is very important to speak out and to show what the government is doing."

Chronic Emergency firmly established Back Pack's work within a health and human rights paradigm, which was gaining traction in the US and elsewhere. In this and subsequent publications, scientifically credible data and a medicalised discourse of human suffering were used to describe a health crisis driven by the military government's concerted efforts to oppress – and ultimately destroy – ethnic minority communities. *Chronic Emergency* demonstrated that a large proportion of Burma's ethnic minority communities were denied their human right to health, whether through the state's disinvestments in health systems, conflict and displacement, human rights violations, or government restrictions on access by international aid agencies. Back Pack was positioned as filling the gap left by an abusive state and by the failure of international humanitarian and human rights systems to protect, respect and fulfil the

right to health of ethnic minority communities in Burma.

For Back Pack's leaders – and as evidenced in *Chronic Emergency* – the drivers of the health crisis in Burma are political. So while Back Pack is positioned as filling a gap, the organisation's stance is that the only durable solution to the chronic emergency is a political one: the end of dictatorship and abuses, the establishment of representative democracy, and the fulfilment of ethnic minorities' rights and freedoms. For the leaders, Back Pack's work is inextricably tied to this political vision, and the organisation's role in advocacy is inseparable from its role as a service provider. As Thara Law Eh – one of the founders and Leading Group members – explained one day,

“Back Pack collects the information. It reports the information about how SPDC causes destruction to the local people and the international community. There needs to be genuine federal government system to prevent the abuses from happening and to improve the situation.”

Since 1998, Back Pack's programmes and reputation had grown, and its leaders had obtained increasing amounts of international funding. The publication of *Chronic Emergency* in 2006 placed Back Pack in the spotlight as the only organisation having conducted a population-based health survey in volatile border areas, and therefore able to report on conditions in areas largely inaccessible to international aid agencies. It also drew increased attention to an alternative mechanism for humanitarian action, in a context where state-sanctioned mechanisms were said to have failed ethnic minority communities in border areas. A decade after its creation, Back Pack had grown into a key player in aid and advocacy on and beyond the border.

E. Cyclone Nargis and the debate around cross-border aid

When Cyclone Nargis hit Burma on 2 May 2008, many senior members of Mae Tao Clinic, Back Pack and partner organisations were on the Thai-Burma border but still had family and friends in affected areas of the Irrawaddy Delta. Within the first few days, they drew on contacts on the ground to channel assistance to these areas. On 6 May, they created the Emergency Assistance Team-Burma (EAT), giving a name to a response that emerged from individuals' desires to act as reports of the disaster reached

Mae Sot. EAT's management conducted a basic needs assessment and got teams into Delta areas at a time when many international aid agencies were still blocked in Rangoon and Bangkok. EAT functioned through inter-personal connections, finding out which civil society groups were providing relief or able to provide relief and channelling funding to these groups. As news spread, other groups on the ground found out that they could access assistance via the border and made contact with EAT. Between 2008 and 2010, EAT thus provided three phases of assistance, the first focusing on emergency needs and later phases on rebuilding livelihoods.

For many who became part of EAT, Nargis was another example of the junta denying aid to its population. By working through underground networks, they could circumvent government restrictions and access "those not receiving aid or not receiving sufficient aid from the military regime or international humanitarian operations"¹⁰⁰. Those involved also explained that they were acting out of a sense of duty to help their people, particularly given their experience and ability to access funding. Thara Poe Say, for example, was born in the Delta and his remaining family members were affected by the cyclone; for him, "this is our task. The community are suffering a disaster, so we find a way." And although, as described in Chapter 2, increasing amounts of international aid did arrive in the Delta after the creation of the Tripartite Core Group, members of EAT were – in their eyes at least – doing no harm in a context where substantial assistance was needed and where they could access more remote communities not yet reached by INGOs. One young man I met, who had distributed EAT-funded aid in remote villages after the cyclone, thus explained that,

"They [*i.e. the villagers*] lost all of their belongings. They didn't want to work, they didn't have jobs too. So, the things that they [*i.e. INGOs*] give, it is not enough for them for one or two years, So that's why they used both the things from us and from them [*i.e. INGOs*]. We gave because there wasn't enough. If enough, we didn't need to give."

EAT demonstrated the ability of groups on the border to draw on their networks in

¹⁰⁰ http://www.BackPackteam.org/?page_id=239 – last accessed 4 April 2012.

order to quickly respond to an emergency, as well as the drive that leaders within these groups had to help those they describe as their people. But EAT also became the centre of a polarised and emotive debate. In March 2009, a report entitled *After the Storm: Voices from the Delta* was published by EAT and Johns Hopkins. Based on interviews by EAT workers one year after Nargis, it described types of relief that survivors did and did not receive, areas where communities got no international or government aid, obstructions to relief by state representatives, and human rights abuses by the military. It called on the EU and US as donors to continue providing aid “but such aid must be distributed with accountability, transparency, and respect for human rights norms and principles” (EAT-Burma and JHU-CPHHR 2009: 64). In the accompanying press release, Dr Cynthia appealed “to the international community to more carefully review the political reality in the delta region in the military-ruled country before further assistance is delivered”¹⁰¹.

The report was interpreted by INGOs working officially inside Burma as calling for a moratorium on international aid to Nargis-affected areas, and as denouncing all aid going ‘via Rangoon’ as bolstering the regime. When I spoke to people involved in compiling the report, they told me that this had not been their intention. Dr Cynthia responded that “[t]he CBOs here not against [aid going ‘inside’] – just want to make sure that the assistance is transparent and good use and then also really helps the community”. Other leaders, like Poe Say, justified their appeal in the report and press release in terms of the harm that aid could do if misappropriated by an abusive regime:

“The main concern by the groups in cross-border organisations [is] to worry about all the money do not reach to the real community – rather than [giving] more benefit for the government and the military, and more buy the weapons like the MiG-29 or the longshots¹⁰² they get from the neighbouring country, China, or something like that... So that’s why they highlight that the humanitarian assistance can be harm to the ethnic community there. [...] But they do not argue that don’t go through Rangoon.”

¹⁰¹ http://www.jhsph.edu/humanrights/pdf/After_the_Storm_PressRelease.pdf – last accessed 4 April 2012.

¹⁰² The MiG-29 is a jet fighter aircraft originally designed by the Soviet Union. ‘Longshot’ refers to the longshot rifles used by *Tatmadaw* troops, and supplied by China to the Burmese military junta.

Whether or not this was their intention, EAT members were seen as promoting cross-border systems as the only solution where aid would otherwise be obstructed and/or misappropriated by the regime. The report provoked a strongly-worded reaction from a list of INGOs working officially inside Burma, who argued that cross-border groups were unfamiliar with the situation on the ground, and stated that they “found a number of shortcomings in the report, including its premise, methodology and most of its findings”¹⁰³. The report was criticised for not recognising that, although the government initially restricted access to affected areas, relief had arrived rapidly through civil society networks and NGOs already working on the ground, and that access by international agencies had later increased significantly. The INGOs concluded:

“The effect of broadly misrepresenting the situation on the ground in the Delta after Cyclone Nargis through the EAT-Johns Hopkins report can be to undermine the case for further aid to the survivors. Far from improving the situation, it will lead to significant further suffering for hundreds of thousands of people.”

For many people I spoke to, the publication of *After the Storm* and exchanges that followed marked a climax in the debate around cross-border aid – at least for groups like Back Pack. To outside observers, it seemed like both sides of an irreconcilable debate were mirroring each others’ accusations of ‘doing harm’. Those involved at the time later spoke of their bafflement at reactions they had not expected. One international expert who had worked on *Chronic Emergency* told me:

“We never expected that it would create that much of a backlash. We didn’t make anything up, we were just reporting what we found out. I think that people generally wanted to see a new humanitarian dawn in Burma. But for us this wasn’t the case. And we specified in the report that the areas where we were collecting the data were those areas that weren’t generally accessed by international organisations. For those groups, the reality would have been different.”

The debate around the EAT-Burma report, however, has to be understood within the

¹⁰³Joint Response to *After the Storm: Voices from the Delta*, Rangoon, Burma, 8 April 2009, [http://www.internal-displacement.org/8025708F004CE90B/\(httpDocuments\)/A10A5868EE3C6DBBC125759B0045E560/\\$file/Joint+IN+GO+Response+to+EAT-Hopkins.pdf](http://www.internal-displacement.org/8025708F004CE90B/(httpDocuments)/A10A5868EE3C6DBBC125759B0045E560/$file/Joint+IN+GO+Response+to+EAT-Hopkins.pdf) – last accessed 2 October 2012.

wider context of the politicised and polarised debate around cross-border aid (Duffield 2008). The report was interpreted as portraying a success story for cross-border aid, when the post-Nargis period was instead argued to have demonstrated the resilience and strength of civil society networks and organisations on the ground – with such networks and organisations in fact being what enabled EAT to channel assistance into affected areas. The report was then often interpreted by ‘inside’ groups as promoting cross-border aid as the only legitimate model for humanitarian action in the Burmese context.

Prior to Nargis, when cross-border groups confined their activities to border areas – providing assistance mainly to communities that could not be accessed by international organisations based in Burma’s urban centres – they could be seen as a temporary solution to a localised humanitarian impasse, and the two models of aid provision were not really in competition. But when cross-border groups stepped out of the border areas, began supporting assistance to the Delta and criticised aid provided ‘via Rangoon’, the two models for humanitarian aid came into conflict. In addition, as outlined in Chapter 2, the months following the cyclone were hailed as a new phase in the provision of international aid to Burma, with increased humanitarian access and unprecedented cooperation with the regime. For many, this was time when donors and humanitarians should engage with the government and use the Nargis response as a way to increase access to other, more sensitive parts of Burma (Creac’h and Fan 2008; ICG 2008; Kurtzer 2009). Criticising the government for obstructing aid and promoting covert assistance through systems considered illegal by the state were, in this context, seen by many as counter-productive and even detrimental to the work being done inside.

F. Back Pack by 2009: influential but controversial actor in the politics of aid

Back Pack is a product of a particular historical and socio-political context. The organisation was created through the convergence of men and women who were part of or had links to the Burmese democracy movement and ethnic nationalist groups. While it was a response to the situation in eastern Burma in the late 1990s, key inter-personal and socio-political connections that Back Pack later drew on had been established after 1988, when student demonstrators worked alongside members of ethnic nationalist

groups. Back Pack's founders brought to the organisation their experiences and networks, as well as their moral and political vision of the world (Lissner 1977; Verna 2007): the suffering of Burma's peoples is a product of state-driven oppression and abuses – oppression and abuses that they and their families experienced firsthand – and can only be resolved through a political solution, itself founded on a vision of federal democracy and national reconciliation that was crystallised through the coming together of democratic and ethnic nationalist movements.

By the time I started fieldwork in 2009, Back Pack had become an influential actor on and beyond the Thai-Burma border. The organisation had also become central to the debate around cross-border aid. This was partly as a result of involvement in the Cyclone Nargis response; but it was also a result of the organisation's success in obtaining ever-increasing amounts of international funding and publicity, at the same time as critics saw cross-border aid as an obsolete solution in an age of claimed expanding humanitarian space within Burma. In 1998, Back Pack had 120 medics working with a budget less than 300,000 AUD; by the end of 2009, there were about 300 medics and the projected annual budget was over 1 million AUD, with funding provided by major international donors. Back Pack's target areas had expanded significantly, and its programmes had developed as components of a systematic, evidence-based primary healthcare model. This model fit neatly with international-level trends for donor-funded aid programmes to be 'participatory' and 'empowering'.

Back Pack's humanitarian model is also linked to an organisational ideology, which has its origins in the founders' reactions to the oppression and suffering driven by the military state – which they and subsequent Back Pack medics experienced firsthand – and came to be expressed through the language of human rights. Witnessing and experiencing systematic state-driven violence, injustice and inequalities drove the founders' initial involvement in national politics, and later into the human rights advocacy realm. Through collaboration with partners like Johns Hopkins and GHAP, Back Pack leaders came to frame their work within a health and human rights discourse, which resonates powerfully at the international level. The health and human rights framework, along with a medicalised discourse of suffering, came to characterise Back Pack's international advocacy, with scientifically credible data demonstrating and

quantifying the suffering of ethnic minority communities. As described by Fassin in his analysis of humanitarian discourses elsewhere, statistics establish the seriousness of the problem, while compassion appeals to the public's emotions (Fassin 2012).

The health and human rights discourse also enables Back Pack's positioning as filling the gap left by an abusive state and the failure of international humanitarian and human rights systems to protect and fulfil the right to health of Burma's ethnic minorities. And while the humanitarian obligation to assist those in need and the obligation to protect and promote human rights are often seen by analysts as different and even incompatible (e.g. Anderson 1999; Rieff 2002), Back Pack's leaders see these roles as inextricably linked. Back Pack is thus simultaneously positioned as mitigating the suffering of ethnic minority communities, and witnessing and denouncing this suffering. The health and human rights discourse provides a powerful framework for the 'motivated truth' that Back Pack publicises through its advocacy – a 'motivated truth', which as described by Redfield combines the demonstration of fact with the assertion of value, and where truth is proclaimed in association with a moral agenda (Redfield 2006). So the knowledge that Back Pack "produces and circulates is always undeniably motivated and built out of facts assembled directly in the service of humane values" (Redfield 2006: 17).

CH 4: Doing our Duty: Back Pack medics as victims and the politics of diversity

When I started fieldwork, Thara Poe Say was Back Pack's Director. He would often say, "we are not the service deliverers; we are the victims; we are the community". By this time, Back Pack was a high-profile organisation and through popular representations was associated with images and values appealing on moral and emotive levels to international audiences. But as Back Pack members told me their stories, these representations were revealed to mask a complexity and diversity that needs to be explored in order to better understand the organisation. And when leaders like Poe Say embraced a position of victimhood, often understood in the literature to be disempowering¹⁰⁴, they are not only expressing personal and communal histories of suffering; they are also positioning themselves within a polarised debate, as well as potentially redefining subjects of violence as politically-relevant subjectivities.

In this chapter, I will discuss Back Pack members' life stories and impacts these have on their worldviews and actions, as well as on the organisation. Drawing on anthropological analyses of violence, suffering and victimhood, I will explore what these stories reveal in terms of individual and communal experiences, as well as the development of an organisational ideology within a context structured by violence, conflict and competing claims to socio-political legitimacy. I will discuss the promotion of 'unity within diversity' within Back Pack and from the perspective of the politics of aid to Burma. The examination of what are conceptualised as embodied histories of violence will then be revealed throughout this thesis to be crucial for understanding Back Pack's functioning, and what is at stake in a politicised and often emotive debate. And the values and politico-moral vision of Back Pack's founders and leaders will be demonstrated as essential to comprehending the organisation's ideology and positioning within this politics of aid.

¹⁰⁴ As described in Chapter 1, discourses of victimhood have sometimes been argued to conceal inequalities between aid givers and receivers, and to reinforce images of victims as powerless and even pathological (e.g. Fassin 2012; Malkki 1995; Zarowski 2004).

A. Victims and heroes: public representations and discourses

Over a decade after Back Pack's creation, its leaders are no strangers to the international press or academia. To bring the 'chronic emergency' to the attention of international audiences, they draw on partnerships with organisations like GHAP and Johns Hopkins, on media connections, and on links with Burma lobby groups in countries like the US, UK, Canada and Australia. The health and human rights framework enables a scientifically credible depiction of ethnic minority communities' suffering; but Back Pack also draws on a discourse of victimhood common to humanitarianism elsewhere and appealing to the values, moral sentiments and emotional responses of its audiences.

When a *Tatmadaw* battalion shot a woman and her two children in March 2010, Poe Say asked me to help write up a report to be disseminated via Back Pack's networks. The Field in-Charge from the area sat with me and impassively related information sent by the medic who had treated the patients¹⁰⁵. Both children – a five month-old and a five year-old – had died. As requested by the leader, the report concluded, "without an end to these systematic human rights abuses there can be no guarantee that innocent lives will be safe". When I showed him a draft, the leader requested an attention-grabbing title. We settled on *Bullets have no pity for young lives: children shot by SPDC soldiers in Karen State*. The story and its wording encapsulated the image of the innocent victim, highlighting the *Tatmadaw*'s brutality. This image of innocent victimhood is a recurring trope in humanitarian discourses, which often rely on simplifications of political and historical complexities into black-and-white worlds of victims and perpetrators (De Waal 1994; Rieff 2002). But humanitarian discourses also have a tendency to construct victims as passive and ontologically distinct from the (active) humanitarian (De Waal 2008; Fassin 2007b; 2012; Saillant 2007). As demonstrated in this chapter, the subjectivity of the Back Pack medic instead transcends such distinctions: the medic is also victim; and Back Pack's humanitarian testimony and response comes to be legitimised through the position of victimhood.

¹⁰⁵ I later found out that the medic who treated the patients is the cousin of the woman who was shot.

Analysts have pointed to the often uncomfortable reliance that humanitarian organisations have on the media, which has a tendency to simplify and sensationalise politico-historical complexities (De Waal 1997; 2008; Duffield 1994b; Polman 2010; Rieff 2002; Truchon 2007). In Back Pack's case, international audiences are drawn to stories of brave medics who risk life and limb trekking through the jungle, dodging bullets and landmines, to provide life-saving care to innocent victims of a brutal regime. As one journalist put it, "Back Pack is sexy". During my fieldwork, I lost count of the journalists who came through the compound to get a good story. An Alliance France Presse article entitled *Medics dice with death in Myanmar jungle war zones*¹⁰⁶ typifies the medics' portrayal in the Western media. Although sensationalist, this image isn't all false. Telling me their stories, medics like Saya Tun Aung often remembered friends and colleagues they lost:

"I remember the two people... In the rainy season, the travel is very dangerous, naw? They fall down [in]to [a] stream, died. [...] Another medic from Pa An, SPDC shot with gun, longshot [rifle] Some medics working at the village, sometimes, SPDC troops come to see, direct fire [at them], they got injury or like that. We have experience, they arrest some people."

Between 1998 and 2011, nine medics and one Traditional Birth Attendant were killed by *Tatmadaw* bullets or unmarked landmines. One medic was shot dead by *Tatmadaw* soldiers as they burned down a Karen village in July 2011, while I was with Back Pack. A number of medics were arrested while working in their communities, some never to be seen again. Two medics I met and whose stories are told in Chapter 5 were imprisoned for almost three months after being intercepted while on their way to assist a dying woman. The medics are also exposed to disease and other risks – one woman I met lost her baby, who died after she gave birth in difficult conditions while working near the China border. Medics face multiple risks and dangers in their work; but their leaders habitually explain that, as members of oppressed ethnic minority communities, they are already exposed to risks and dangers – the heroic medics portrayed in the news articles are already victims of a brutal regime.

¹⁰⁶<http://www.google.com/hostednews/afp/article/ALeqM5jpMHofV9P06UxU2yKQdAsNOFgNOQ?docId=CNG.e42258f6b3bcb22ed16d56cebc1e3279.3d1> – last accessed 11 April 2012.

As described in Chapter 3, another important factor in Back Pack's public image is the framing of the medics' work within human rights and democratic values. Discussions with field workers, however, reveal divergences between how the management frames their work, and how those on the ground understand their roles, the context in which they work, and their actions in this context. For many field workers, human rights and democracy are vague concepts they learn more about only after joining Back Pack – they aren't factors that lead them to become medics or to work with Back Pack. Medics who speak of rights and democracy in relation to their lives and work tend to be older, to have more experience with political or activist groups, and/or to be involved in the leadership of Back Pack or another group. Many explain that they don't really know what is meant by concepts of human rights or democracy; describing their lives, they speak instead of practical difficulties and injustices. As one medic explained:

“To change SPDC is related to politics. We don't know the high-level political situation. But the leaders, they will arrange for it. But one thing is when the *P'Yaw*¹⁰⁷ enter the community, for example, sometimes they... one group comes and they do in one way. They ask for porters; or they ask for money by force; cultivation by the community or in the field; or sometimes, they kill; even if they don't ask permission, they take and eat – that's the food, the supplies for the community to eat for one year. The community gets problems.” [35-year-old male medic, Karen State]

Differences between frameworks or values deployed by management and field workers are not surprising. Back Pack's leaders are often linked with activist movements and have sometimes spent many years working for human rights and democracy in Burma. Younger medics, in contrast, live and work in isolated areas of Burma throughout the year, with only Field in-Charges travelling regularly to meetings in Thailand. Back Pack's management is also aware of divergences in field workers' understandings of principles within which their work was framed. One of the younger leaders often expressed concern that field workers might not understand “the ideology of Back Pack”.

¹⁰⁷ *P'Yaw* means “Burmese” in Sgaw Karen and is commonly used by people from Karen communities in the border areas to refer to the Burman-dominated military regime, the *Tatmadaw*, and ethnic Burman people (thereby conflating the government, its army and the majority ethnic group).

The management makes concerted efforts to brief field workers about international publications such as *Chronic Emergency* and to give them training in human rights. But these divergences nevertheless highlight the need to go beyond the often simplified and romanticised popular representations of the medics, to explore how different individuals view their lives and work, and how their perspectives might compare with organisational frameworks and values.

B. Continuing the struggle: founders and older leaders

“Sometimes we have depression – oh, we tried to do a lot! We didn’t see anything change! Like this. But we already decide to do anything, we try to finish. [...] We don’t give up or surrender, like this. We try to win.” [*Tun Aung, founder and Leading Group member*]

Of the medics who founded Back Pack, a handful remained when I started fieldwork in 2009. Some of the original medics had resettled; others had taken leadership roles in different organisations; others still had passed away. Through Leading Group elections every three years, older members are shuffled around and newer members given leading roles; but experience and networks remain core to leadership. More influential leaders are generally senior medics with networks into and the organisational backing of what they call their mother organisations – generally ethnic health departments. As described in Chapter 5, these networks enable Back Pack to harness human resources and access communities in different target areas. Tun Aung and Poe Say, whose stories were told in Chapter 3, thus retained leading roles at the time of my fieldwork.

Like Tun Aung, some founders and original medics are part of the ’88 Generation. They often explain that as young students they knew little about politics but got caught up in demonstrations as these spread through Burma. Their experiences at this time and after fleeing to the border areas profoundly influenced the way they perceive their lives and work. Saya Aung Myint was among these original medics. Born into an ethnic Mon family in eastern Burma, he went to a Burmese-language school until 1988, when he joined the demonstrations. After the junta crushed the uprisings, he fled to the borderlands where he joined the ABSDF before being trained as a medic by Dr Cynthia and others. He worked with the Mobile Medical Teams and then co-founded Back Pack.

When I met him, he was part of the Leading Group; he lived in Mae Sot with his wife and son who, like him, are stateless. Several years before, he had had the opportunity to apply for resettlement to a third country. "I don't want to go", he explained,

"because of... [it took] half of my life, you know, to know the situation of the ethnic people and the communities who are living in the remote and the insecure areas. You know, when I was working at the ethnic areas, I saw many, many difficulties. How they can survive...? I know... How do they survive? Not only food, you know, but also their security, and also their children's health and education, and also nutrition. I think very, very few people can give nutritious food to their children. Every day, most of the families, they eat only rice and fish paste and salt. So how can they survive? That is every day, I see, when I was working in the community level. So this is not like a story. This is the real situation in Burma. That's why. [...] I never applied to the resettlement or the refugee. I have no refugee register! Most of the people, they have refugee register. I have no refugee register. One day, you know, I will go back to my hometown, my country... [...] I'm a part of our struggle, you know? One day, I hope, we will get the peace and democracy and human rights and self-determination for the ethnic minorities in Burma. So at that time, I will go back to Burma to improve and to organise our community and people. [...] Everyone has a responsibility, you know, to support and help the people who are living in Burma, because they are living with many difficulties and conflict [for] 60 or 70 years."

Men and women originally from ethnic minority communities in disputed border areas, and who became involved in Back Pack's creation and early development, share with their colleagues from the '88 Generation a commitment to what they describe as the struggle for the rights and freedoms of their communities. But their life stories also tell of generations of suffering driven by the state and its armed forces. Like Poe Say, whose story was told in Chapter 3, some founders and older medics come from what are sometimes referred to as revolutionary families – families with members who joined ethnic nationalist groups. But more generally, Back Pack's founders and early members had all been branded as enemies of the state – whether because they or family members joined an opposition or ethnic nationalist movement, or simply because they grew up in 'black' or 'brown' zones and were by definition targets in the state's counterinsurgency campaign (Callahan 2003).

Tharamu Htoo Paw is one of Back Pack's Programme Coordinators. In her mid-forties, she is older than most women who live in the compound throughout the year. She has a small wooden house at the back of the office where she lives with the youngest of her three children. The walls are covered in photos: her with her husband and children on rare occasions they are together; her husband in his uniform standing stiffly next to Pado Mahn Shah, shortly before the KNU leader was assassinated in Mae Sot¹⁰⁸; her grandfather in the refugee camp where he died, having never been able to return to his homeland. In a community of people whose lives tell of violence, poverty, injustice, repeated displacement and family separation, Htoo Paw's story is not unique.

Htoo Paw was born into a Karen family in a small village in Mon State. Her father, a pastor working with the KNU, was absent during most of her childhood. Two of her six siblings died as infants. "It was not a serious disease that made them die", she explained, "it was just worms." The family was very poor; they also lived in fear of soldiers stationed nearby:

"My village was controlled by *P'Yaw* and it was very close to the *P'Yaw* camp. Sometimes we had to send food to them, go and build their fences, build their tents and we had to go and work for them very often. One time when I was small, the *P'Yaw* patrolled into the village and on the street they saw a cow passing by and suddenly they shot it and killed it. The cow owner was very upset and cried; she was a widow as well. At that time, I was small and knew nothing. [...] Villagers were afraid of them all the time, sometimes they hurt villagers. Whenever they came into our village, they always told villagers to work for them. [...] My elder sister's daughter, she was about seven years old and she was growing up. That soldier came there every day and played with the girl, kissed and played with her. One day he was drunk, he came and played with the girl and pointed his gun to the girl's head while her mother wasn't home. [...] [S]uddenly the gun exploded, it hit the child's head and she immediately died."

In 1983, Htoo Paw left school. She was 16 and her mother couldn't afford to send her to high school in the nearest town. She went to visit her uncle who was

¹⁰⁸ Pado Mahn Shah was Secretary General of the Karen National Union until his death on 14 February 2008, when he was shot by two gunmen who rode up on a motorbike in daylight to his house in Mae Sot.

working with the KNU in Karen State. There, she worked as a teacher until 1985, when her uncle convinced her to attend the first KNU medical training organised in Manerplaw with support from Médecins du Monde¹⁰⁹. She then attended the KNLA's military medic training before working in a KNU-run hospital on the border for five years. Over the years, fighting in the area got worse and in 1989, Htoo Paw fled for the first time to Thailand. She returned to Karen State after a few months to continue working. There, she met the Commander of a KNLA Battalion and in January 1990, accepted his marriage proposal. But fighting flared up again, and again she had to flee. It wasn't until August that they were able to marry.

By 1994, Htoo Paw had two children and fighting forced her to flee again, this time to a temporary shelter in Thailand where she started working as a medic for an INGO. Then, in 2001, Htoo Paw was sent to training at Mae Tao Clinic. At the time, Back Pack's leaders were looking for new Programme Coordinators. Htoo Paw had met some of these leaders, including Poe Say, during the 1980s inside Karen state. When she completed training in 2004, the leaders chose her to coordinate one of their health programmes. She was subsequently elected to the Leading Group.

Htoo Paw now lives in Mae Sot with her youngest child, who attends school near Back Pack's office. Her husband works as a KNU official in Karen State. Her two older children live in two different refugee camps in Thailand; she sees them once or twice a year. She and her children are registered with UNHCR and so entitled to apply for resettlement. But they have no Thai ID and their UNHCR cards do not allow them to leave the camps. Htoo Paw describes herself as "illegal" and speaks often of her fear of Thai police and immigration officials. Yet despite the difficulties, she does not see resettlement as an option:

"My husband, he don't want to resettlement. If he don't resettlement, if I go with my child, that is not [as] should be. [...] Yes, also I don't want to leave my people. I feel like we have many, many poor [people] in the border so if I stay here I think I can a little bit do more for them – I think like that. [...] Their living condition is worse than us and if I go, only I and my family will be peaceful but others will be in poverty; so I would not be happy with that."

¹⁰⁹ At the time, the French medical NGO Médecins du Monde, was operating cross-border training programmes in Karen state, training medics in Manerplaw and other areas under KNU control.

Like Htoo Paw, older medics and leaders tell stories of displacement, poverty, disease and death driven by oppression and injustices perpetrated by agents of the state. Poe Say's early childhood memory (described in Chapter 3) of being imprisoned in order to force his revolutionary father to surrender is not unique: I met other older medics with similar formative experiences. But more generally, older medics' formative experiences were of repeatedly running away from *Tatmadaw* soldiers, of men, women and children used as forced labour, of soldiers appropriating their meagre possessions, and of a life of fear and uncertainty, where even having enough rice to eat was never guaranteed. Their stories tell of learning as children to fear *Tatmadaw* soldiers – only representatives of the state that most people in their communities have ever known. Fear of those they refer to as 'the Burmese' and the understanding that as 'ethnic people' they are oppressed are deeply ingrained in their worldviews. The Burman-dominated state – personified through its soldiers – is seen as the source of generations of suffering; ethnic nationalist groups are seen as defending the people against the state and helping communities to survive. This is not to say that older medics are uncritical of ethnic nationalist groups resisting the state; but embodied histories of state violence contribute to a Manichean vision, in which conflict, oppression and injustices are framed within a bigger picture of struggle between good and evil (Fassin 2007).

When they speak of their work, founders and older leaders often emphasise the duty to continue to struggle for the rights and freedoms of their peoples. Htoo Paw often said that she will "never give up the struggle". Poe Say spoke frequently of his "commitment to work for my people, for the struggle for their revolution"; this struggle is one he cannot give up until freedom and self-determination are granted to the ethnic peoples of Burma. For these leaders, working with Back Pack is an extension of a wider moral responsibility. The suffering they encounter through their work is an extension of the suffering that they, their families and generations before them have been subjected to by the state. And through their work, they are to a small extent righting some of the state's wrongs. As another leader explained,

"What our Back Pack can do is that, as oppression and destruction increases in ethnic areas, we help as much as we can with the health problems, which are one of the consequences of the conflict. We can say that it is kind of supporting the ethnic

people not to disappear. We can do only that much.”

C. Serving the community: the younger generation of medics and office workers

Over the years, Back Pack’s leaders extended their programmes by harnessing human resources for health within an expanding and heterogeneous space designated as Burma’s ethnic areas. The organisation now brings together medics living and working in diverse ethnic minority communities – including Karen, Kayah, Kayan, Mon, Lahu, Pa’O, Palaung, Shan, Kachin, Chin and Arakan communities – and in ceasefire as well as conflict areas. The leaders also recruited increasing numbers of office workers to be based in Mae Sot during the year. These two groups of workers have commonalities as well as differences with the original medics and leaders. In general, however, when I asked men and women from these groups what led them to become medics or to work with Back Pack, the most common answer was some variant of “to serve the community”. Over time, I realised that this ostensibly self-explanatory response needs to be understood within its socio-political context and in relation to mechanisms that lead to an individual becoming a medic and/or being recruited into Back Pack.

1. Back Pack’s field workers

Almost all medics were born and grew up in Burma’s remote border areas. The majority live in disputed areas and as children assimilated a fear of the *Tatmadaw*. Their stories tell of villages being attacked, of repeated displacement, of food and belongings confiscated, of villagers used as forced labour, and other examples of everyday injustice. Naw Silver Paw’s story¹¹⁰ is just one of many telling of a life of fear and insecurity:

“My parents were farmers and they lived on the mountains. [...] I knew that I always had to flee. I had to flee and stay in the jungle. Sometimes we didn’t have food to eat. We had to eat rice porridge for about one year. I had four siblings at

¹¹⁰ Naw is the common prefix for Karen women’s names.

that time. Our father had to find food for us. Every village had to flee at that time. Villages were destroyed. My mother died when I was five or six years old. I had younger twin siblings. I had to look after them after my mother died. We didn't know about health. I looked after them and both of them died."

"My father told me about the revolution. Because of the revolution, Karen and Burmese fight each other. The Burmese came and oppressed the Karen. [...] It means they want to make the Karen disappear."

"I had to leave school in [Grade Seven]. Because we had to work so people couldn't send me to school. [...] The incident happened and our school was destroyed. After, children in the village couldn't go to school even though they should go. People asked me to teach; I helped them for one year. [...] [T]hen I attended medic training. Afterwards I went back [to my village.] [...] The reason is that if we work in health, even if we can't work for many people, we can work for our family. My thought was if there is a medic in a family, we can look after our family health. Mostly, we live in the mountains and we don't have medicine or enough health workers." [*Silver Paw, 36 year-old female medic, Karen State*]

The smaller numbers of medics who live and work in ceasefire areas often explain that their communities are more free to work or travel without fear of attack. But they too speak of injustices, such as villagers being recruited for forced labour. And even when they themselves have not experienced violence or injustices, they still see the state and its army as the source of suffering for ethnic minority communities. A medic working in Karenni State thus still referred to government troops as the enemy and described injustices that led him to join the Kayan New Land Party (KNLP) before the latter signed a ceasefire with the government in 1994:

"[In my village] there is an enemy group. [...] Before, my father was a constructor but my mother was a farmer. [...] I quit after middle school because there was no high school in my village. [...] After quitting school, I joined a revolutionary group. I worked on hillside paddies for a year after school and after that, I joined the organisation [*i.e. KNLP*]. [...] About one year after I joined, the ceasefire agreement was signed. [...] Now there is ceasefire and people can work on their farms and can travel freely. There is benefit for the people."

"When I was young, I was very interested in the people in the jungle [*i.e. the*

resistance group]. Because I felt pain when I saw my parents being forced to work for the military government like portering, I just joined the group [*i.e. KNLP*]. [...] When they [*i.e. Tatmadaw soldiers*] came, every man had to run away. [...] They forced all the men to do portering.” [36 year-old male medic, Kayan ceasefire area, Karenni State]

A number of medics, mostly younger men, were recruited into Back Pack from the medical branches of armed resistance or ceasefire groups. Men who were soldiers prior to becoming medics often frame their experiences within a collective history of resistance to oppression, mirroring the revolutionary and Manichean narratives of the armed groups that they – and often family members before them – had joined. One medic, who joined the Arakan Liberation Army before becoming part of a Back Pack team in Arakan State, told me: “I think that it’s worthwhile to die by being involved in the battle for national freedom”. Another, who had fought with the Shan State Army-South (SSA-S), explained that he joined the resistance group “Because SPDC’s policy is not the same. Their policy is not the same as SSA’s. SSA helps the community. They work by oppressing the community.” This understanding of the state and its army as the source of the oppression and resulting suffering experienced by ethnic minority communities is shared by medics who have worked with armed ceasefire groups, despite the fact that these groups are theoretically no longer in conflict with the state. One 22 year-old male medic who joined the Kayan New Land Party in Karenni State before being recruited into Back Pack thus explained,

“Before getting peaceful, before stopping shooting [*i.e. making ceasefire*] until now – how to say? We are oppressed human beings. Being ethnic peoples, being oppressed human beings, we have to work for the community. It’s not ok if we don’t do it. [...] Until I die, for Back Pack or for my community, I will work more, [this is] my desire.”

Most medics I met, however, had not been soldiers; most also spoke of not understanding politics. But protracted instability, deprivation and direct and indirect state violence remained facts of life that structure their worlds. These life experiences, moreover, cut across ethnic, linguistic, religious and other differences, allowing for identification with a history and memory of state-driven violence and oppression that is at once personal and communal (Fassin 2007; 2008; Hacking 1995). The individual

experiences of the medics – who, importantly, come from diverse ethnic minority groups, civilian or military backgrounds, ceasefire and resistance areas – then reinforce Back Pack’s institutional *Weltanschauung*, a vision in which ethnic minority communities’ suffering is driven by an abusive and illegitimate state (Lissner 1977). The medics’ very real experiences of violence and suffering can then contribute to the organisation’s legitimacy as a humanitarian witness: the ‘motivated truth’ that Back Pack presents through its denunciation of state-driven abuses and oppression is a truth experienced and expressed by its members, the victim-medics (Redfield 2006).

For most men and women I met, becoming a medic was one of a limited number of life options. In the remote areas where they live, there tends to be little in terms of education or work opportunities. Families generally do not have enough money to keep children in school until they graduate – and in many cases, there are no secondary schools in their areas. As a result, most men and women who become medics have not finished school and do small-scale agricultural work until they are selected for medical trainings. The trajectory of a 29 year-old Kayah medic is illustrative of the lack of opportunities medics typically face. This young woman was born in a small farming community in Karenni State, and fled fighting many times as a child. After leaving school, she said,

“I went back to my village. Day by day, I did cultivation. [...] After working for one or two years, after working in cultivation, our [mother] organisation arrived. At the time they arrived, there were many people who hadn’t passed Tenth Standard in our village. Like this, there were many who had no jobs and just stayed, didn’t continue to work. Because of not passing Tenth Standard, there were many who got depressed and stayed like this. This organisation arrived – it’s our organisation. [...] When they saw me they said, “Do you want to work? What can we do to help?” I replied [...] “I am interested in medical field”. [They said], “You didn’t pass Tenth Standard. In Burma [...] even after passing Tenth Standard, you will become a nurse only after getting high credits. You haven’t passed Grade Ten. So how can you get into the medical field?” Then, “Yes, I know. But you asked me my interest.” So I answered like this. They sent me to Back Pack, Mae Tao Clinic.”

Mother organisations like the one mentioned by this medic are key to mechanisms through which individuals become medics and are recruited into Back Pack. At the organisational level – and in many individuals’ explanations – the medics are described

as doing their duty by serving their communities. This duty is the outcome of advantages the medics receive, in the form of higher levels of knowledge and skills than others in their communities. These advantages are granted to the individual by a mother organisation, which selects an individual considered worthy to attend basic training in exchange for a commitment to work for the community. The mother organisation is generally the health department of an ethnic nationalist group but can also be a youth group or women's group or other type of civil society organisation. The worthiness of the individual is assessed based on existing knowledge and skills¹¹¹ and the guarantee of local authorities such as the village leader, who vouch for the individual and grant him or her permission to attend training. The individual's commitment to serve the community generally entails a promise to return to work in his or her community or with a local health organisation for a set period. The mother organisation then guarantees the individual's ability, trustworthiness and commitment, and becomes the mechanism through which he or she is later recruited into Back Pack.

Younger medics generally receive training and are recruited into Back Pack through such mechanisms. In exchange for a commitment to work in their communities, they are chosen or approved by authorities in their area to attend Community Health Worker (CHW) training with a mother organisation. After typically six months' training, they return to work in their villages and/or with the local health organisation. The mother organisation later appoints them to Back Pack. The two explanations below are typical of many stories I was told.

"I received medical training by the New Mon State Party¹¹². Then I had practical training there for a year. Next, the New Mon State Party has a health organisation [...] in Moulemein, Thaton. I practiced there and then they assigned me here. [...] When I first came, like I just said, I didn't know about Back Pack. I was there according to their [*i.e. my leaders'*] assignment." [25 year-old female medic, ceasefire area, Mon State]

¹¹¹ For example, how many years of schooling the individual has attended. Although the medics generally have fairly low levels of education and most have not finished school, they have to have some basic formal education to be able to attend Community Health Worker trainings.

¹¹² The New Mon State Party is the ethnic nationalist organisation in Mon state, which signed a ceasefire with the government in 1995.

“After we graduated from medical training, our leaders already worked in Back Pack. At that time, their workers were very few so they suggested for us to work with Back Pack in order to become the strength for them. [...] People who led us worked with Back Pack, but we had to help them after the training because we agreed with them to work for our people in order to promote health care, extend our knowledge, and to benefit for the community development.” [*male medic, conflict area, Karen State*]

Often, with no accessible or affordable health services in the area, a village leader or other authority encourages or nominates a promising young man or woman to attend training with a mother organisation. For the person selected, such training offers a chance of higher-level knowledge and skills, as well as future work as a medic. This work is not a guarantee of monetary income: Community Health Workers generally do not receive salaries or stipends, but do receive some support – mostly of a non-monetary kind – from villagers in exchange for treatment. In addition, if a Community Health Worker is recruited as a medic into an ethnic health organisation or a group like Back Pack, there is the possibility of a regular, albeit small, stipend. Skills and knowledge acquired through medical training and then Back Pack can also enhance the local-level prestige of the medic, who is endowed not only with biomedical knowledge and skills, but with materials (like medicines) not easily available locally and with connections into networks reaching beyond their remote and isolated communities.

As in Silver Paw’s story above, many medics recount witnessing family members, friends or others die because they couldn’t access or afford basic healthcare. Many explain that they wanted to attend trainings they were selected for in order to learn skills with which to help sick or injured family members or friends. Others also recount how they sought out such trainings themselves:

“Then after uncle died, there was no one working in health. So if I knew [about health], not even for the other people but within my family, I can do for them. So I could look after the people around me. It’s not that someone forced me to join. It just appeared in my mind.” [*25 year-old female medic, ceasefire area, Kachin State*]

“When we lived in our village we could see that the health standard was poor. I

wouldn't have become a medic if my father hadn't died. My father died because I couldn't cure him. So I wanted to care for villagers. I made myself stronger and I am proud of myself that I can work for my people with skills that I have." [48 year-old male medic, conflict area, Karen State]

Medics often describe their communities as lacking knowledge and skills to improve their health. For them, Back Pack is also a way to gain such knowledge and skills:

"This is for my people. My people lack knowledge and I want to improve their healthcare and want them to become more knowledgeable." [25 year-old female medic, Lahu ceasefire area, Shan State]

"Before having worked with Back Pack, there were few trainings and when working with them, I could get more training and more work and I could understand more about the job. [...] Before, most villagers lacked knowledge. But today they are educated in health issues and sanitation. They know about their healthy environment, they know how to use latrines, well and water pipes – these things, they request from us." [32 year old male medic, conflict area, Karen area]

Yet knowledge and skills invested in the medics binds them to a duty that some confess they would rather renege. One of the most frequently mentioned obstacles to developing sustainable health systems is the high turnover of field workers. This is generally explained by difficulties medics face in serving the community while supporting families in a context of chronic poverty and insecurity – which at the organisational level reinforces the value placed on those who do demonstrate commitment to their duty. But medics also often describe difficulties when they cannot fulfil programme goals or meet their leaders' expectations, and when villagers ask them for help beyond the provision of healthcare. A poignant example of such pressures is presented by one medic, who stood up in a training I attended to describe an incident he had faced two years earlier; his story provides a glaring contrast to the romanticised media depictions mentioned above:

"[W]hen we got there, the child was unconscious. His father who was drunk carried him. Also the smell of alcohol was so strong. Then, his father said, "Ok, treat, you guys, medics, if my child dies, I will kill all of you." So, my colleagues all got depressed. If the child died because of our treatment, we would be killed,

then how do we dare to treat? And [the other medics] disappeared. I was left all alone. Then, I explained, “Death and life are not in our hands. We are not Gods.” [...] After a couple of days, he apologised. He came back and apologised. We thought, “It’s impossible to leave him. We definitely have to cure [the child].” [...] Because some [medics] were angry. Like this, we were not offered food from them. We worked as volunteers. We wouldn’t work if we are blamed like this, when it happens like this. [...] So I discussed, at night, with my Sayas¹¹³, Law Eh, I discussed. They encouraged me. He said, “We faced a lot more than this. We help each other and continue working”. Encouraged me like this. If possible, I decided to resign. [...] Because we are health workers and we go for curing but the community comes to us and asks for personal assistance rather than health assistance. [...] “Can you help me with this? Can you give me a bag of rice?” [...] Because, if I continue to do more of this work, I may have mental disease, heart disease... [...] I have this knowledge; my organisation, my area gave me the chance to know these [things], there was a lot. A lot of time and money was spent. I thought about those [things] too. That’s why I haven’t resigned over the last one year, two years.” [38 year-old male medic, conflict area, Karen State]¹¹⁴

As illustrated above, many younger medics are trained as Community Health Workers and recruited into Back Pack through variations of patron-client systems, which researchers have identified as a dominant mode of organisation in Burma¹¹⁵ – and which are referred to in Burmese as *saya-tapyit* (teacher-pupil) relationships. Patron-client relationships involve reciprocity rather than a pure command relationship (Powell 1970). Yet the inequality at their core is described as essential in fostering a sense of duty in the client (Scott 1972) – a duty repeatedly mentioned in medics’ explanations of their work. For almost all medics I met, a patron – in the form of a village leader, leader in a mother organisation, local military commander, senior Back Pack medic, or other authority – played a key role in providing access to knowledge and skills in return for a

¹¹³ I.e. “my leaders”.

¹¹⁴ The medic initially told his story in the training, and then repeated it to me in an interview. The quote is taken from this interview.

¹¹⁵ Scott defines patron-client systems as “an informal cluster consisting of a power figure who is in a position to give security, inducements, or both, and his personal followers who, in return for such benefits, contribute their loyalty and personal assistance to the patron’s designs” (Scott 1972: 92). Drawing on anthropological literature on patron-client relations, a number of analysts have highlighted the prevalence of patron-client networks in Burma, particularly in the armed forces and in the post-colonial bureaucratic state (e.g. Gravers 1999; South 2008; Steinberg 2010; Taylor 2009).

commitment to work in the authority's area. Medics who seek out CHW trainings themselves rather than being nominated by local leaders still tend to work through patron-client relations, since they need the endorsement of local authorities to attend training with a mother organisation. Individual patrons then also become brokers into a more generalised system of reciprocity, enabled through the mother organisation, and in which the duty due in exchange for benefits received by the individual accrues to the community rather than an individual patron. After CHW training and a minimum six months' work in the community, the individual can then be harnessed into Back Pack through systems of reciprocity between the mother organisations and Back Pack, which are further described in Chapter 5, and which ensure the medic's trustworthiness and commitment.

2. Back Pack's office staff

Over the years, to respond to growing management and administrative needs, Back Pack's leaders recruited increasing numbers of office workers to be based in Mae Sot. Many of the office workers had similar formative experiences to those described above for the founders and newer generation of medics. Naw Moo Lay's early memories are illustrative of such experiences, and of a resulting fear of and resentment towards the state and its representatives at the local level:

"At that time maybe I am four years old, [...] the SPDC attack my village. So when we heard the SPDC will attack – because we heard from other people or other authorities so they give a message to the villager[s], like that – so "be ready". So SPDC attack like that. And so we have to be prepare[d] and we have to run away from the village, to escape, *naw*? So when they said "*P'Yaw hey, P'Yaw hey!*"¹¹⁶, so I never seen *P'Yaw*! What's it look like? How is it look like? I don't know! I think that... *P'Yaw*, it's like a ghost – because if we heard "*P'Yaw hey*" we have to flee. Because in my mind I think it's like a ghost, with long teeth and with hair, and the long breasts, like that. So I think, is ghosts coming, that why we have to flee. [...] We just go in the jungle. In the jungle – we live in the jungle for two, three days. So when we heard the SPDC go back, the *P'Yaw* go back, so we come back to our

¹¹⁶*P'Yaw hey* means "*P'Yaw* (Burmese) are attacking" in Sgaw Karen.

village, like that. It's happen too many time[s] when I was young. In my life I have many time[s] experience to escape from the SPDC. [...] The SPDC soldier[s], they treat the people who are under the KNU[-controlled area], so all are their enemies. So if they see, even men or women or boy or girl, they shoot. They kill all.”

Like the medics, the life experiences of office workers like Moo Lay enable identification with a memory and history of state-driven violence and oppression that is again both personal and communal (Fassin 2007; 2008), as well as reinforcing Back Pack's organisational *Weltanschauung* (Lissner 1977). But office workers generally have higher levels of education and have sometimes been exposed to different opportunities. As a young adult in the late 1990s, Moo Lay – who unlike most Back Pack members finished school in Burma – fled with her family into Thailand. There, they obtained UNHCR refugee status, allowing them to apply for resettlement. Moo Lay spent almost a decade in one of the temporary shelters, where she worked for an INGO, before she met Dr Cynthia and asked for work with one of the organisations in Mae Sot. Back Pack, she explained, enabled her to work for her community and to further develop her professional knowledge and skills – knowledge and skills, which she also put to use when she later resettled to the US.

Nan May¹¹⁷, like Moo Lay, was born and lived during her childhood in a conflict area. May was in her mid-twenties when I starting working with Back Pack. From a Shan family, she too fled many times from the *Tatmadaw*, who attacked her village for the first time when she was seven years old. At that time, she explained, “I don't know I have to [be] afraid”. By the time she was thirteen, her family was forced to relocate to a village under *Tatmadaw* control. They had no money to send her to the nearest school, so she chose to leave for the refugee camps in Thailand:

“[My mother] said “I have no money to give money for your studies. So if you stay here, you cannot study anymore.” But my mother said that she heard... my uncle told her that in Thailand they have the camps that provide free education or something like that¹¹⁸. So at that time, when I heard, I just had very strong emotion

¹¹⁷ May's first language is Shan and she uses Nan as a prefix in front of her name – the Shan equivalent of Naw.

¹¹⁸ Nan May was referring to the education programmes run by NGOs in the temporary shelters for displaced persons

to come and study in Thailand. [...] When I was young, I thought that when I finish Grade Ten I will study to be a medic or health worker, and then after that I will go back to my family and then help my family or the people in our village. Because, when I was young or until now, there are no clinics in our village and then no medics.”

After May finished school, she worked with a medical organisation in one of the refugee camps. Later, she obtained a scholarship to attend a two-year English education programme in Mae Sot. During this time, a patron working with a Karen CBO helped her financially; after she told him that she wanted to work in health, he introduced her to Back Pack’s Director, who took her on as an intern. A year later, she was accepted into a Post-Ten¹¹⁹ school in Mae Sot, on condition that she commit to working for Back Pack for at least a year after graduating. The one-year course taught her basic project management and when she returned to Back Pack, she was given more responsibility, then elected to the Leading Group. Although she speaks often of the importance of working for her community, May also mentions wanting to be free of her growing responsibilities:

“To be honest, in my mind, no free time. Even I’m sick and then I have free time, in my mind, no free time. [...] Sometimes, I think, I just want to go back and just stay with my Mum. It’s a very happy life there... because even your body is tired, your mind is free when you work just normally. Not something like this.”

Like May, a number of office workers were born in remote and unstable parts of Burma’s borderlands but left for Thailand where they accessed opportunities not available in their villages and learned skills useful for the administration of an organisation like Back Pack. They were generally recruited into Back Pack through inter-personal links and relationships of patronage. In a number of cases, higher-level education and skills were granted to them by a school on the border on condition that they commit to working with a community organisation after graduating – thus like

on Thai soil.

¹¹⁹ These are schools providing further education to young Burmese people who have passed Grade Ten. The Post-Ten schools generally prepare students for work in Community-Based Organisations or act as bridging programmes, preparing students for the exams they have to sit to secure scholarships for tertiary education in Thailand or another country.

medics in Burma, their work with Back Pack was initially an extension of their commitment to serve the community after accessing higher-level knowledge and skills.

In contrast to May and Moo Lay, some office workers come from areas where they and their families did not directly experience conflict or abuses targeting ethnic minority communities. Whatever their origins, however, office staff speak often of the importance of working for their country and people, thereby reflecting organisational values. But office workers also speak of their work as a way to gain experience, support their families, or move into a world with more opportunities. Serving the community thus becomes a means to a different end, as well as or rather than an end in itself. This more complex mix of influencing factors is exemplified by another office worker, who attended school then university in Rangoon before travelling to the Thai-Burma border in search of a job; she worked for several years and developed her professional experience with Back Pack before obtaining a higher-paid job with an INGO. Before leaving, she told me:

“I feel I gained a lot [from Back Pack], because I have many friends – like you, and the other people – so I gained a lot, from individual[s] and from organisation. Like... I can learn... when we developing the programme [...] how to become more effective, how to do. That’s when I can learn more. And like technician people¹²⁰, they can provide us many things, so I can learn a lot. [...] Openly, if I tell you, we have a low income. Here is only stipend. Very low. So every cost is becoming higher. To survive, only this stipend is not enough. [...] I want to do the good things now, when I’m in this world, how[ever] much I can do. And at the same time, I [am] also thinking for my daughter, because she is a child and she don’t have much knowledge and she need[s] many, many years to grow up.”

Thus like the medics inside Burma, office workers are motivated by sometimes complex combinations of factors. This is common among NGOs (e.g. Malkki 2007; Redfield 2012), but in Back Pack’s case it has the potential to clash with the leaders’ emphasis on the duty to serve the community as a politico-moral responsibility. Such

¹²⁰ This refers to members of Back Pack’s partner organisations such as GHAP, BRC and IRC, which as described in Chapter 6 provide technical support to the organisation and its members.

individual divergences, however, are mitigated through an institutional ideology that builds on and is reflective of its members' individual and communal embodied histories of state-driven violence and suffering (Fassin 2007; 2008).

Like the field workers, new office workers tend to be recruited through inter-personal and socio-political networks, particularly patron-client systems. People ideally come from a mother organisation that guarantees trustworthiness and commitment. If the individual has no mother organisation, one of the leaders generally acts as a guarantor. Untrained office workers live and work in Back Pack's compound for a test period, when they perform various chores to demonstrate commitment. They are then trained and work as unpaid interns before becoming staff members with stipends. As one such office worker explained:

"Someone who didn't know anything, like me¹²¹, was not allowed to enter the office. We were tested in cleaning or cooking for a month. After this, if good, if interested, then taught computer. And then, assigned as an intern for six months and then promoted as staff. [...] We check if someone is flexible or really working hard. [...] We can call this the watching period."

The mechanism for recruiting untrained office staff thus also entails a visible demonstration of commitment. For Back Pack's leaders, demonstrations of commitment can eclipse other aspects of an individual's contribution to the organisation. When I asked him what Back Pack does with staff who aren't useful or demonstrate poor productivity in the office, Poe Say replied – laughing at the absurdity of my question – "We can use what they can do: chickens¹²² or somewhere. No useless for us! Chickens or cleaning or something..." This idea that no committed individual is useless makes sense given the type of commitment the leaders seek in their staff, which is linked to the interpretation of their work as part of the duty to continue the struggle for the rights and freedoms of ethnic peoples. But while no individual is useless, some are more useful than others for particular aspects of Back Pack's work.

¹²¹ The staff member was referring to individuals who have no prior training in management and administration. Those who do have such skills and knowledge and therefore do not need training are generally allowed into the office as unpaid interns for six months before becoming staff members.

¹²² Chickens and often other animals such as goats, sheep or turkeys are kept in the compound.

The leaders explain that they need ‘outside experts’ to deal with increasing management and administrative tasks. This includes office workers like Moo Lay, who have spent time in one of the refugee camps in Thailand and been exposed to a greater range of educational and other opportunities. Such people are seen as benefiting the organisation with higher-level skills and education; but because they have opportunities to resettle or to get better-paid jobs in INGOs, they are seen as potentially less committed. The leaders therefore aim to recruit 70 per cent of management staff from the field. People recruited from target areas inside Burma ensure that Back Pack’s systems are participatory and sustainable; they are also seen as more committed – as explained by one leader, “Because they are working in the field level, they feel they are facing their problems. They saw what the people are facing.” Recruiting people from target areas inside Burma for management and leadership roles also mitigates some of the risks of losing valuable human resources to resettlement. As Aung Myint explained,

“Five or six years ago, the human resources is not stable in Mae Sot, in border area – in the administration level – because of the UNHCR resettlement programme is very hot, very hot. Today, we sent to the Mahidol University; tomorrow, he leaves to the third country¹²³. Yeh, that thing was happened in the past. [...] Since 2005, 2006, 2007, oh! Very, very dangerous for us – for the human resources. Because some skilful persons, oh.... they leave with the resettlement programme. Some of our Programme Coordinators, oh, they leave. That’s why I suggested to Poe Say, please recruit from the field level, you know?”

By the time of my fieldwork, a number of former leaders and office workers had resettled, and some others – those who had spent time in a temporary shelter and obtained the necessary UNHCR documents – had the option to apply. But resettlement remains a sensitive issue, which in turn highlights values promoted by the leaders and potential obstacles in their realisation. Older leaders often describe negative impacts of resettlement, in terms of robbing organisations like Back Pack and the wider movement of skilled and committed people. As Tun Aung explained, “That is a big problem for

¹²³ Aung Myint was referring to the case of one of Back Pack’s founding members, who resettled to a third country several years before I conducted fieldwork. The medic had been in a leadership role and was seen to have benefited from the organisation’s investments in his skills and knowledge, having been sent to a course at Mahidol University in Bangkok as well as other trainings.

our movement. We see resettlement programme is... we analyse: good for the people [who resettle] but apart from here, bad for us." As illustrated through the stories above, most older leaders explained that resettlement is not an option for them, even if they have documents enabling them to apply. In their explanations, they often contrast individual benefits of resettlement (for themselves or for their children) to communal benefits of staying behind – with individual benefits implicitly or explicitly posited as less valuable. So it was that Aung Myint also explained:

"The people who can provide and support [only] to their respective families, it's not enough. If you're blind, [it's] enough. If you're dumb, [it's] enough. So you can see, you can hear, you can feel, oh, you cannot stay alone. You cannot stay alone. Because you can see the situation every day. That's why Saya Poe Say said: "some people have no feelings with heart", you know? If you are feeling with heart, you are living, staying, working together with the community."

The issue of resettlement is often explicitly linked to that of commitment, in turn highlighting values the leaders promote in their organisation. As Poe Say told me:

"Some people, like me! We come here, we commitment for our struggle, for our freedom. So that's why not go resettlement, no... whatever we are suffering, we are facing the problems, we can continue working our job, like that."

From discussions with other Back Pack members during my fieldwork, however, I knew that some were considering resettlement, and some had already applied. But those who told me about wanting to start new lives in third countries would do so only after making me promise not to tell others in the organisation. They feared being judged or even ostracised for prioritising their own and their families' futures over serving their community. This resulted in cases where people who did apply for resettlement chose not to notify the leadership until their application had been successful and they were about to leave, which created practical as well as ideological ripples in the office. The dilemmas and conflicting pressures and values experienced by people faced with the option to resettle is perhaps most aptly illustrated by one staff member, who after telling me in secret about her application for resettlement, anxiously said: "But I do have the right to choose... don't I?"

D. Unity within Diversity: health as an entry-point for national reconciliation

“[T]he nature or the purpose of the Back Pack Health Worker Team, one is to standardise the healthcare system; second is to create the ethnic diversity or unity with the diversity. So that’s why we still need to expand.” [*Poe Say, founder and Leading Group member*]

As revealed through the stories above, Back Pack brings together an ever-growing and increasingly diverse range of individuals and groups. Within this diversity, leaders like Poe Say seek to generate unity. This ‘unity within diversity’ has a number of implications, which need to be viewed in relation to the leaders’ politico-moral vision, as well as the organisation’s evolution in the decade following its creation. For me, a starting point to understanding why unity might be important was provided when another senior Karen medic and Back Pack founder explained,

“If you have a small wood, it is easy to take it and do like this [*he mimes breaking a stick against his knee*] – and it will snap! If it is bigger and you have more wood together in a bundle it is more difficult to break it and it will be stronger. [...] If we have just the Karen, we are a small bundle. If we add the Karenni, Mon, Shan... then we will be stronger and we can change the SPDC faster.”

In her ethnography of an aid organisation in post-Soviet Europe, Atlani-Duault highlights ways in which an organisational ideology is constructed, reinforced and at times undermined through internal and external challenges (Atlani-Duault 2005). The organisation’s evolving ideology can be read through institutional practices as well as observation of the “internal debates, the oppositions, the changes in course, the reversals in position and their reasons, the areas that are beyond debate and the reasons of their apparent untouchability” (*ibid.*: 38). Similarly, doxic values and elements of an organisational ideology – itself linked to the moral and political vision of the founders and older leaders (Verna 2007) – can often be read most clearly in challenges these face as they are performed or implemented in Back Pack’s day-to-day workings. Thus tensions around the issue of resettlement highlight the value and meaning given to commitment to the duty to serve the community, with this being framed as a politico-moral responsibility. And tensions in the realisation of ‘unity within diversity’ highlight

its significance within the leaders' politico-moral vision.

1. The multi-ethnic Back Pack community

Back Pack's office in Mae Sot is not just an administrative space. It is also the nucleus of the Back Pack community. This community functions in the realm of what Poe Say calls the 'legal-illegal', which – as described in following chapters – can be related to Abraham and van Schendel's conceptualisation of the (il)licit (Abraham and van Schendel 2005). In order to preserve their operational space in this realm, the leaders cultivate relationships with local Thai Military Intelligence and other authorities. But the protection afforded by these authorities does not extend far beyond the walls of the compound. Most staff members have been stopped multiple times by Thai police, who are notorious for exacting bribes from Burmese 'illegals'; some have spent time in Thai jails or been deported back to Burma. The illegal status of the organisation and its staff means that the Back Pack community in Mae Sot is geographically circumscribed. Interns and junior staff members live in the compound, where they share chores such as cleaning or cooking; older members and those with families tend to have houses or rooms not far from the compound, within the sprawling Burmese community that has grown around Mae Tao Clinic. This organisation of space contributes to a strong sense of community; so too does the organisation of time, with the lives of the Back Pack staff members following the organisation's annual cycles.

People I worked with often describe Back Pack as a kind of family, with similarities to as well as differences from their biological families. In Burmese and Karen – the two main languages used in the office – people commonly use kinship terms to address each other, highlighting inter-personal relationships and hierarchies implied by those relationships¹²⁴. Within Back Pack, staff members often refer to each other by kinship terms, but these carry more weight than they would in other, less tightly-knit communal contexts. Younger women thus refer to Htoo Paw as "auntie", and within the

¹²⁴ Referring to people with kinship terminology is also common in other Southeast Asian societies; however, here, the terms carry more weight than they would in other, less tightly knit communal contexts. The kinship terminology as well as the honorifics employed to designate senior medics and leaders within the organisation also reflect the organisation's hierarchies.

compound, she does have the role of a caring aunt often intimately involved in the personal lives of younger women – for example, mediating marriage discussions in the absence of a bride’s biological family. New biological families are also created out of relationships that develop in and around the compound. During my fieldwork, May married a young man who she had met in the office; their wedding was held in the training hall at the back of the compound and was presided over by Back Pack’s leaders. By the time I finished my fieldwork, May’s firstborn child was a new favourite “Back Pack baby” and she always had Htoo Paw – who she refers to as the baby’s *a-pwa* (grand-mother) – and a handful of aunties around to help her care for the child.

Although sometimes from different backgrounds, Back Pack staff in Mae Sot thus create strong bonds through their lives together. The commonalities they find in their life experiences extend to their existence as illegals in a foreign land. Together, they take part in the daily life and work of the organisation, and celebrate the festivals, birthdays, weddings, births and funerals that punctuate the year. The creation of strong inter-personal bonds in such a tight-knit community is not unusual, particularly in a situation where its members are illegals in a foreign land. But to this Mae Sot-based community are regularly added medics from increasingly diverse areas. The Six-Month Meetings¹²⁵ held twice a year in Mae Sot thus bring together individuals from different areas and ethnic, linguistic or religious groups, and who sometimes work with groups theoretically on different ‘sides’ of political divides. So for example, the meetings bring together medics working in Karen conflict areas and under the authorisation and protection of the Karen National Union, with medics working in Mon ceasefire areas and under the authorisation and protection of the New Mon State Party. The ethnic nationalist groups these medics work under were at the time of my fieldwork on different ‘sides’ in relation to the state; their armed groups also fought at various times in Burma’s history; and Back Pack members often say there is a lack of trust between Karen and Mon people as a result of this volatile past.

¹²⁵ The medics do not just come to Mae Sot for Six-Month Meetings but also for trainings, during which time they live and work in similar conditions to those of the Six-Month Meetings. During my time in Mae Sot, for example, the management organised three Senior Medic Refresher Trainings. Some twenty to thirty health workers from different target areas lived together in the Back Pack compound for three months. However, the Six-Month Meetings bring together medics from all Back Pack’s target areas, and are the most regular events in the Back Pack calendar.

Some medics I spoke to had never met people from different areas or ethnic minority groups before working with Back Pack. They described the meetings as enabling them to get to know people whose histories and cultures they weren't originally familiar with. As a Shan medic explained,

"I had only seen one Karen lady, my *Sayama*¹²⁶. When I came here, I met with Karen. I hadn't seen Kayan too. When I came here, I met. I knew about their language, religion and customs."

During the meetings, some sixty or more men and women from different areas work, study, eat, and sleep in the compound. Through the leaders' arrangements with local authorities, the compound provides them with localised protection from arrest and deportation. Most medics have no papers allowing them to be in Thailand legally and so tend not to go far beyond the compound. The confinement of medics from different areas, ethnic groups and socio-cultural backgrounds within this space during four to six weeks every six months contributes to a sense of wider community:

"I would like all other people to see that all our Back Pack team members stay under the same roof and eat in the same place. This is the reason why I would like to work with the Back Pack." [39 year-old male medic, Chin State]

"It's easy. We can speak. We make friends with those who have different languages, here we have the same target and work for only one goal, then it's easier. Shan, we are the same, same life, you see. Karen, same. It's easier to make friends. [...] We eat rice together, talk, it just takes a moment. It's very easy." [28 year-old male medic, Shan State]

While living and working as part of the bigger group, medics continue to express their ethnic, cultural, religious, linguistic and other differences. So although Burmese is the common language for trainings and meetings, outside of the meeting hall medics speak their own minority languages. They also celebrate their own cultural or religious events. This expression of diversity is encouraged by the leaders, who explain that the Six-Month Meetings are also an opportunity for medics to share their cultures and

¹²⁶ Literally "teacher" (female), but can also refer to female leaders.

traditions. To coincide with Leading Group elections, the leaders organise what they call cultural events, when medics perform a traditional dance or song and showcase their different cultures. Emphasis on diversity is important, moreover, given the common experiences and embodied histories described above. Whether they grew up in conflict or ceasefire areas, the medics' life stories describe discrimination, injustice or abuse as a result of belonging to an ethnic minority group. Medics who live in areas under the control of government or ceasefire groups often described not being allowed to attend school taught in their minority languages; others sometimes spoke of resistance groups as fighting for the preservation of their languages, cultures and traditions. By enabling and encouraging diversity, Back Pack is thus protecting and promoting precisely what its members see as repressed or destroyed by the state.

The embodiment of a personal and communal history of state violence also reinforces the sense of community between diverse groups. As illustrated through the stories above, a cross-cutting theme is that of having suffered or witnessed the suffering of loved ones at the hands of agents of the state. Even medics who live in ceasefire areas, have worked with ceasefire groups, and/or have not directly experienced conflict or abuses, speak of the state as driving the suffering of generation after generation of ethnic minority communities. Through their interactions, medics from different areas come to identify with a wider community defined as ethnic and oppressed, in opposition to a state defined as unjust in its treatment of ethnic peoples. When I asked him what he meant by his community, a Kayan medic responded:

“My community means who? The place where we stay, it includes Karen, Kayah, Shan, Mandalay division – the communities who stay there, all are my community. Not only Karen, not only my Kayan. Karen, Shan, Kayah – communities who are in this area are our community. All communities who are oppressed are our community.” [22 year-old male medic, Karenni State]

2. The significance of diversity

For the leaders, fostering inter-ethnic unity is an essential part of Back Pack's role. As described in the *Ten Years Report*, an international publication marking Back Pack's ten year anniversary:

“collaboration between health providers from different ethnic groups and different regions of Burma, all working towards the same goal of building a healthy society in Burma, fosters the promotion of broader health policy and the development of an equitable health system, as well as greater inter-ethnic unity and trust. BPHWT hopes that such collaborative work helps to lay the foundations of a peaceful, democratic Burma, one in which such health providers will continue to play a key role” (BPHWT 2010b: 13).

Inter-ethnic unity is seen as key to developing systematic and effective healthcare systems. But for the leaders, health is also an entry point for national reconciliation. Within the wider Burmese opposition movement, national reconciliation – along with the trope of inter-ethnic unity – is identified as necessary to overcome decades of conflict and military rule (Smith 2007). For senior members of groups like Back Pack, national reconciliation is also tied to a model of democratic federalism in which the rights and freedoms of ethnic minorities will be fulfilled; and it is linked to the need to rebuild the inter-ethnic trust and solidarity, which they see as having been destroyed by the state. As Aung Myint told me, “when we get the independence from the British government, [SPDC] use that kind of strategy: divide and rule policy among the ethnic groups”.

The practical and ostensibly apolitical nature of healthcare is then argued to enable ethnically diverse and politically divergent groups to come together:

“[I]n the healthcare organisations they can do more openly about that – even though there are some other political limitations. For example, at the time, the Mon National Health Organisation in the Mon area, the New Mon State Party, and SPDC, the Burmese Army, they have ceasefire agreement already. And Karenni

area – that we collaborate with that group – they also have the ceasefire agreement between Burma Army, the SPDC, and KNPLF¹²⁷. But the KNU area, the Karen Health and Welfare Department, they still have fighting. Even though we do have the difference or the limitations with the political situation, we can join together.”
[Poe Say]

While it might initially seem surprising that Back Pack includes individuals and groups working under the administration of ceasefire organisations, leaders like Poe Say often explained that “ceasefire does not mean peace”, that communities in ceasefire areas have “the same suffering”, and that ceasefire groups are still engaged in the struggle for the rights and freedoms of ethnic peoples, albeit a political rather than armed struggle¹²⁸. The ‘unity within diversity’ that the leaders seek is therefore framed within a particular worldview, in which the state is the source of suffering for ethnic minority communities and the reason why reconciliation is needed in the first place.

By working in diverse communities and in ceasefire as well as conflict areas, Back Pack can provide healthcare services to diverse communities in need, build inter-ethnic unity, and also demonstrate inclusiveness and representativeness. As Poe Say put it:

“Actually we would like to show the international community, for the donors... so we can see the Back Pack Health Worker team as a whole group, as all the ethnic health workers from there. So we can see the Back Pack Health Worker Team is the whole picture. Back Pack is everything, like that.”

The leaders can then, in an explicitly diverse yet united voice, denounce oppression and abuses by the state. The ‘motivated truth’ described in the previous chapter is then all the more powerful in that it is a multi-ethnic truth, and not just a truth pertaining to one

¹²⁷ The KNPLF is the Karenni National People's Liberation Front, which signed a ceasefire with the SPDC government in 1994.

¹²⁸ The argument that ceasefire groups are still engaging in the struggle for the rights and freedoms of ethnic peoples, however, extends to some ceasefire groups but not others, or to some groups at particular times and not others. So the New Mon State Party is seen by the leaders as perpetuating the struggle – and indeed Back Pack works with medics who have been trained by, recruited from and work under the protection of the Mon National Health Committee. But the Democratic Karen Buddhist Army (DKBA) – which split from the KNLA in 1994 before signing a ceasefire with the government – was generally criticised by the leaders as being a “tool of the SPDC”, perpetuating the suffering of local populations. Later in my fieldwork, when a faction of the DKBA refused to join the Border Guard Force and launched attacks against government troops of the day of Burma’s elections in 2010, this faction was seen as having rejoined the fold.

ethnic group or one target community (Redfield 2006). Unity – and the positioning of Back Pack as representing Burma's diverse minorities – is also linked to the legitimacy that, as described in following chapters, Back Pack's leaders seek at the international level, not only for their work but also for their politico-moral vision. And from the perspective of evolving politics of aid to Burma, inclusion of ceasefire groups is significant, since – as described in Chapter 2 – claimed improvements and increased humanitarian access in ceasefire areas had often been said to eliminate the need for cross-border aid. By supporting medics in ceasefire areas, Back Pack not only responds to community needs but demonstrates the need for cross-border aid and continuing suffering of communities in these areas.

3. Threats to unity

Unity within diversity is, however, constantly threatened. Back Pack's history and evolution have led to a recognised Karen majority in the organisation. During my fieldwork, the number of teams working in Burma increased to over 80, with medics in increasingly widespread and diverse areas. But over 50 per cent of teams are in Karen State, meaning that about half the medics live and work in Karen communities; most also work in areas under KNU/KNLA control. For Back Pack's leaders, this majority is understandable: Karen State is where large-scale conflict and displacement took place in the late 1990s, when Back Pack was created; it is easy to access from the Thai border; and Back Pack's founders – many of whom are Karen – have connections into health systems administered by the KNU, enabling them to recruit medics and run programmes with the authorisation and protection of local-level political and military actors. So in Karen state, there is not only the need, there is the capacity.

The majority of Back Pack's leadership also consists of ethnic Karen individuals, who often have senior positions in and/or strong links into Karen mother organisations. Most office workers are also Karen. Again, this is attributed to the organisation's history and evolution, as well as practical concerns to do with capacity, geography and security. Poe Say also explained the reproduction of a Karen majority in the leadership as linked to the nature of democratic systems:

“So when you look at the democracy, majority is always dominate. This is democracy way. [...] Let’s say, for example, the Back Pack Health Worker Team, [...] more have capacity, more have the health workers, in Karen areas. More field areas, again. And then when you elect them, more Karen people in the Leading Committee¹²⁹. This is the nature of the democracy’s weak point. [...] That’s why we are concerning not only the democracy, but also we should keep in the mind, to recognise always for the minority rights.”

The leaders make concerted efforts to correct the tendency that their systems have to perpetuate the majority’s dominance. For example, they help organise Community Health Worker trainings for areas with insufficient capacities for health, in order to develop the human resources necessary to run health programmes; in the longer term, they argue, this will promote greater balance in the distribution of Back Pack teams in different areas and in the leadership. But some members of non-Karen groups still claim that Back Pack is a predominantly Karen organisation in which they are under-represented. A senior Mon medic once told me:

“On the Back Pack? You were not able to make changes [...] because most ethnics are not located in Mae Sot, so most ethnics are not able to participate here permanently. Only Karens are here; they’re in majority; so for that, even you try to make challenges... [*shrugs*] Decision is through the major[ity] vote.”

From the international perspective, there is also a perception among some circles that Back Pack is not only predominantly Karen, but also predominantly KNU. This is partly linked to issues described above; but it is also a politically influential (mis)representation of a more complex reality in Back Pack’s target areas. These issues will be further discussed in following chapters, as will be detrimental impacts this representation has, in terms of Back Pack’s legitimacy as a humanitarian organisation speaking for and providing services to Burma’s diverse ethnic minorities.

Diversity therefore has practical and political aspects; but diversity also threatens to

¹²⁹ Each of Back Pack’s twenty target areas is given three votes in the elections for Leading Group members. Since approximately half the target areas are in Karen State, this means that Karen medics automatically have the majority of votes.

undermine the type of unity sought by Back Pack's leaders. One of the necessary limitations to unity is that, when the medics leave Mae Sot, they return to their own systems and ways of functioning. Htoo Paw once told me, "When they get back to their land, they are on their own and not concerned with us anymore." So while Back Pack fosters a strong sense of community in its Thailand-based staff, the wider Back Pack community remains a looser and potentially more fragile network. Individuals and groups on the ground retain their own systems, agendas and motivations – and involvement in Back Pack is not necessarily driven by the type of commitment sought by the leaders. A Mon medic once told me, out of earshot of Back Pack's leaders,

"Why the ethnic [groups] would like to work with the Back Pack? Because they need supplies! If they are able to seek their own supplies, they would not come – especially me!"

E. Discussion: embodied histories, organisational ideology and the multi-ethnic victim

In the first part of this chapter, I related an incident in which a mother and her children were shot by *Tatmadaw* troops. The incident was reported by Back Pack's leaders as an example of abuses that members of minority groups are systematically subjected to by agents of the state. But when the Field in-Charge reported details of the incident – illustrating her explanations to me with photos of the children's bloodied and mutilated bodies – she was not making a political point. She was in a clinical fashion describing an extreme example of what is, for her, an everyday reality. This reality of violence operates along a continuum from direct physical assault to everyday forms of dispossession, displacement, insecurity, disease and other manifestations of injustice (Scheper-Hughes and Bourgois 2004). For men and women working with Back Pack, moreover, it is a context in which responsibility for the suffering of ethnic minority communities can and should be ascribed. This context, as described by Duffield, is characterised by the precariousness of life (Duffield 2008). Or as Htoo Paw told me sadly one day, "Burmese people are easy to kill".

The stories of men and women who became part of Back Pack commonly tell of having suffered or witnessed the suffering of loved ones as a result of injustices perpetrated by

agents of the state against ethnic minorities. Even when they themselves have not directly experienced conflict or abuses, the state's oppression of and injustices against ethnic minority communities are part of an embodied history, as the concept is described by Fassin, which is assimilated through their formative experiences and which manifests itself in various forms in their own lives (Fassin 2007; 2008) – for example through their ingrained fear of and resentment against the state and its soldiers, their families' poverty and insecurity, or their inability as members of marginalised communities to access education or work opportunities. Past suffering is thus inscribed into the lives and bodies of the present, as well as in the elaboration of representations and narratives accounting for the course of events (Fassin 2008).

As revealed through the stories and explanations above, this embodied history contributes to a worldview in which the state is the source of individual and communal histories of suffering. Back Pack members – who often come from different areas and have sometimes diverse life experiences – also come to identify with a wider community defined as oppressed by a state defined as unjust in its treatment of ethnic peoples. Identification with a wider community defined as ethnic and oppressed by the state is an essential component of Back Pack's organisational coherence and ideology. Back Pack members' embodied histories of state violence thus provide a basis for shared understandings and visions of the world, and for Back Pack's institutional ideology.

As illustrated through this chapter, commitment is a key theme in Back Pack. At the organisational level, commitment is framed in terms of the duty to serve the community. For the leaders, this duty is tied to the responsibility to continue the struggle for the rights and freedoms of Burma's peoples. As described in Verna's comparative anthropological study of humanitarian NGOs, the political and moral vision of the organisation's founders and early leaders was crucial in the organisation's creation; but over time, an organisation's founding values or ideology can also come under increasing pressure from internal and/or external sources (Verna 2007). Over a decade after its creation, Back Pack's organisational systems can still be read as a performance of the founders' and older leaders' political and moral vision, with value ascribed to democratic principles and a unity within which individuals and groups can

express their ethnic and other diversity. As an organisation, Back Pack can then be read as a performance (albeit an imperfect one) of the leaders' hoped-for future democratic and federal Burma – a vision, which originated in the coming together of democratic and ethnic nationalist movements after 1988.

In order to do justice to the complexity revealed by the medics' stories, however, it is also necessary to recognise the diversity of experiences that commonalities can sometimes conceal, and to take into account the ways in which structural and other contextual factors can influence choices available to an individual, and his or her ability to act on those choices. For men and women I met, becoming a medic or getting involved in Back Pack was influenced by a number of factors. For field workers, becoming a medic is often one of a limited number of opportunities available in a context shaped by decades of systemic violence, and the trajectories that lead them to work with Back Pack are influenced by a number of different and sometimes conflicting factors. Structural determinants – in the form of conflict, poverty and inequalities – generally limit an individual's options from the outset. Within this context, socio-political networks and inter-personal relationships – including patron-client relationships – become key (Scott 1972). And thus individuals from diverse areas and ethnic minority communities come to be linked into Back Pack through culturally specific forms of social solidarity (Malkki 2007).

The stories above illustrate how individual interests and motivations can compete or combine with structural factors – the individual's agency being enabled as well as limited by structural determinants and power constellations. They also highlight the need to move beyond overly simplistic interpretations, whereby agency is reduced to various forms of resistance. Drawing on James Scott, some analysts argue that cross-border aid promotes everyday forms of resistance against the Burmese state (Phan and Hull 2008; Scott 1989). But while Back Pack medics and staff often speak of themselves as being considered by the state as rebels or enemies, and while they see the state and its agents as the source of their communities' suffering, they do not necessarily see their work as an act of resistance. Some Back Pack members do frame their actions within a narrative of resistance; but many also speak of their work in more practical and creative (and less reactive) terms. And as will be described in Chapter 5,

they often find ways to evade and overcome restrictions on their activities – rather than resisting the state – and to work with people within state systems. More generally, those who are often interpreted as mechanically resisting an oppressive force also have their own politics and agenda (Ortner 1995). As the stories in this chapter illustrate, this agenda can vary depending on whose perspective is considered.

In one of Back Pack's publications, local-global partnerships enabling cross-border aid to support community health systems are described as empowering indigenous medics (Mahn, et al. 2008). This idea of empowerment is core to Back Pack's model: Back Pack is posited as a mechanism to empower local communities to protect and promote their right to health; the Back Pack medics, members of these communities, are the objects and agents of this empowerment. But the issue of empowerment needs to be viewed in relation to the opportunities available to the individual, the individual's ability to act on these, and systems through which such opportunities can be realised. The question of empowerment – and what empowerment means for different people – also relates to the values ascribed to opportunities and actions by different agents and by the structures within which their agency is possible. For Back Pack's leaders and founders, value is ascribed to continuing the struggle for the rights and freedoms of ethnic peoples – often, as suggested in the descriptions above, to the expense of individual or family concerns. Within socio-political systems through which Back Pack functions, value is given to serving the community, itself tied to a specific form of reciprocity. But for an individual, value might also be given to knowing how to prevent a neighbour from bleeding to death; becoming a respected member of the community; finding work elsewhere then in a paddy field that can be destroyed at any moment; or having access to opportunities that might enable a 'way out'. Competing value systems therefore also begin to emerge from the stories above – with different possible meanings concealed within what is referred to as the duty to serve the community.

The issue of empowerment – albeit this time at the organisational rather than the individual level – can also be viewed through the lens of victimhood, and here I wish to return to Poe Say's contention that "we are not the service deliverers; we are the victims". As illustrated through the stories in this chapter, the subjectivity of the Back Pack medic can be seen to transcend and transect the common (and largely mythical)

tropes of the passive victim and active aid worker: here, the aid worker is also the victim of state violence, the one who suffers is also the one who acts to mitigate suffering. The positioning encapsulated in the statement “we are the victims” thus collapses the distinction between the medics and those they help. The Back Pack members can then speak on behalf of the victims because they are the victims. This is significant in that, as Duffield notes, Burma’s internationalised battleground involves competition over the legitimacy to speak on behalf of Burma’s people (Duffield 2008). With the strength of their position coming from the very real suffering that they and their communities have experienced, Back Pack’s leaders can mobilise a discourse of victimhood that operates simultaneously on moral and emotional registers and that can generate significant symbolic capital at the international level (Fassin 2012).

Through this positioning, leaders like Poe Say are also potentially redefining subjects of violence into politically significant subjectivities. So while humanitarian discourses and practices have been critiqued for producing “a form of subjectivity devoid of historical subject”, here the subjects of violence are taking over the subjectivity of the victim in order to publicise a history of state-driven violence, which they see as the source of their individual and communal suffering, and therefore also to advocate their own moral and political vision of the world (Fassin 2012: 222). A key tension then begins to emerge: the subjectivity of the victim – like that of the humanitarian – tends to be constructed within international humanitarian systems as apolitical (Fassin 2012; Rieff 2002). But here, the politicised subjectivity of the victim-humanitarian emerges as a figure that might fit uncomfortably with the types of subjectivities typically constructed through international humanitarian discourses and practices.

In addition to developing primary healthcare systems at the local level and advocating for political change at the international level, Back Pack aims to foster ‘unity within diversity’. As described in this chapter, a strong sense of community and even family is created between the individuals who live and work in Mae Sot during the year. During Back Pack’s Six-Month Meetings, field workers join the office staff within the walls of the compound, to an extent fostering a wider pan-ethnic community within which diversity is actively promoted. This unity within diversity has practical as well as political implications. For Back Pack’s leaders, health is an entry point for national

reconciliation. Diversity is also important from an international advocacy perspective: by including increasingly diverse communities in their target areas, Back Pack's leaders can, in an explicitly diverse yet ostensibly united voice, denounce oppression of ethnic minority communities by the military state and call for political change in Burma. They can thus promote a 'motivated truth' (Redfield 2006), which becomes ever more powerful, the more representative it is shown to be.

Yet unity within diversity also has inherent risks and limitations. The ways in which the leaders manage such limitations and mitigate risks inherent in the diversity they promote are particularly telling, in terms not only of the creation of unity between diverse groups but also in light of the organisation's ideological coherence and in the context of evolving politics of aid to Burma. The management of minority groups within the organisation and attempts to define and generate commitment within Back Pack highlight the extent to which 'unity within diversity' is framed by the leaders' politico-moral worldview (Atlani-Duault 2005; Verna 2007). It also exposes an inherent tension in the leaders' ideal: the more inclusive Back Pack becomes – bringing together increasingly diverse ethnic minority groups, as well as groups that are sometimes on different 'sides' of political divides – the more Back Pack can speak on behalf of the multi-ethnic but similarly oppressed victims of Burma's military regime; but the more diverse Back Pack becomes, the more the unity and the type of commitment valued by the leaders is potentially at risk.

CH 5: Back Pack is Something, Back Pack is Nothing

“Actually we would like to show the international community, for the donors... so we can see the Back Pack Health Worker Team as a whole group, as all the ethnic health workers from there. So we can see the Back Pack Health Worker Team is the whole picture: Back Pack is everything, like that. Back Pack is something: when you go to the second level, some are belong to the departments or the local... So some are belong to the community, directly by the community. And then going to the field level, they know: Poe Say is Poe Say. Law Eh is here; they don’t know Law Eh is a Back Pack – like that [*laughing*]. Law Eh is... their village is [*village name*], they take care [of] their people. So this is ‘nothing’, around the community. That’s why, when the external monitoring, when they ask: “How many times did you see Back Pack?” “No” – they didn’t know the Back Pack, but they see Law Eh. Law Eh is the health worker from their own community.” [*Poe Say, founder and Leading Group member*]

It was during a meeting with a GHAP fellow who was helping compile Back Pack’s *Ten Years Report* that I first heard Poe Say say “Back Pack is everything, Back Pack is something, Back Pack is nothing”. He was re-explaining to the young American how medics work in their areas and was becoming frustrated with her difficulty in grasping something that to him is self-evident – that is, at the level of different target areas in Burma, Back Pack is like a network enabling resources to be channelled to systems already in place in those areas; and at the community level, Back Pack effectively disappears and in its place are individuals known to their local communities as health workers, rather than as members of an organisation called Back Pack Health Worker Team. This system of functioning is commonsensical to Back Pack’s leaders, given the contexts and frameworks within which they work; but to international actors, it can seem confusing and (for some) contrary to the way an organisation labelled as humanitarian is expected to work.

In this chapter, I will focus on exploring in more detail what Poe Say meant, as a way of analysing Back Pack’s functioning within its target areas. Drawing on two case studies, I will examine relationships between medics, Back Pack and other diverse actors in Burma, including non-state and state actors. I will discuss what such examples reveal, in

terms of how partnerships for health are operationalised within a politically complex and volatile context. I will assess ways in which Back Pack and its medics relate to the state and its actors at the local level and, in so doing, will introduce the controversial issue of neutrality. Finally, in light of these and other examples, I will highlight shortcomings of the categories of 'legal' and 'illegal' for describing the functioning of cross-border aid, and suggest a conceptualisation that takes into account actors' attributions of legitimacy to the systems and flows in which they are involved.

A. Back Pack is nothing

In order to illustrate how Back Pack functions on the ground, I will first describe two case studies from different parts of Karen State. I have chosen these cases, firstly because the majority of Back Pack medics work in Karen areas and, secondly, because criticisms of cross-border groups on the Thai-Burma border tend to focus on their links with the KNU/KNLA. For example, in an international conference in 2011, a representative of one of the organisation's long-term donors was overheard saying that Back Pack is a "hearts and minds programme for the KNU". The donor withdrew support from cross-border groups less than a year later, as part of a move to redirect funding towards programmes in areas of eastern Burma claimed to be increasingly accessible from 'inside'. This donor's allegation reproduced a common misunderstanding about cross-border groups like Back Pack: that they work only in areas controlled by resistance groups like the KNU/KNLA. And as demonstrated in following chapters, the contention that Back Pack is a "hearts and minds programme for the KNU" is also significant within an evolving politics of aid, which entails shifting attributions of legitimacy.

Case 1 describes two medics who were detained by *Tatmadaw* troops one year after Burma's November 2010 elections. The medics work in a mixed administration area, where the KNLA had historically continued resisting state control¹³⁰. Case 2 concerns a government-trained medic implementing Back Pack programmes in an area controlled

¹³⁰ As described in the case study below, peace negotiations were initiated between the new Burmese government and the KNU/KNLA in January 2012. At the time of interviews conducted with these two medics, however, the peace negotiations were uncertain and the situation remained unstable and potentially volatile.

by forces of the *Tatmadaw* and Democratic Karen Buddhist Army (DKBA), with the KNLA continuing low-level resistance. By the time of my fieldwork, such contexts – where local actors negotiate a complex and dynamic patchwork of authorities and armed groups – were increasingly common in Burma’s borderlands and had come to represent a significant proportion of Back Pack target areas.

Like all Back Pack’s target areas, these contexts are at the margins of state control, where practices of statehood visible to communities have historically generally been limited to predation and the exercise of arbitrary force. Borderlands, as described by Abraham and van Schendel, are also where “[t]he political and geographic limits of sovereignty imply the presence of competing authorities, whether other states or non-state ideological affiliations” (2005: 23). Such areas have historically seen a flourishing of systems and flows, which are typically characterised as illegal by the Burmese state but can be conceptualised as licit, as defined by social attributions of legitimacy (*ibid.*).

Case 1: Are you a ringworm medic?¹³¹

Saw Waw Lay and Naw Hsa Moo are both in their twenties, and grew up in small villages in Karen State’s Pa Pun district. Both describe childhoods shaped by conflict, poverty and insecurity, and left school at an early age. Waw Lay was sent by his village leader and his brother, a KNLA Commander, to medical training with the Karen Department of Health and Welfare (KDHW). Hsa Moo also attended training with KDHW and, when I met her, had worked for seven years in a KDHW clinic and had been sent twice on trips with a Back Pack team based out of this clinic. In early 2011, Waw Lay was sent to work with the same team. Every six months, the team travels to twelve villages, providing healthcare. Each trip takes two months, after which the medics return to work in the clinic until they receive supplies for the next trip.

¹³¹ When the two medics described in this case study were detained by *Tatmadaw* troops in November 2011, Back Pack contacted me in Australia, where I had gone after my longest stint of fieldwork. When I returned to Mae Sot in early 2012, I was fortunate enough to meet the medics, who had been released two weeks earlier. Back Pack’s leaders agreed that I interview them so that they could record and learn from the case; they also agreed to me using the interviews for my research. I spoke with both medics individually over several days and conducted separate discussions with their leaders and members of other organisations involved in negotiating their release.

The Back Pack team's target villages are remote and villagers have to travel long distances over dangerous terrain to access the government hospital in the closest town. The nearest health service is the KDHW clinic, which for many villagers is several days' walk away. To provide healthcare to such villagers, the Back Pack team works with local authorities. Way Lay explained:

"For the village heads, whenever we go around, they arrange food and a place to sleep. For the head of the village tract and Secretary [of the Karen National Defence Organisation]¹³², they take security for us. If the *P'Yaw* sees us bringing the medicines when we go around, they will make trouble for us. [...] We have to worry about that because when they see us, we cannot show the [medical] certificate from Burma. When they look at medicines, the medicines are not from Burma. They misunderstand you, that you work for here¹³³. They think you work for here. They think you are a soldier. They think you are a military medic. [...] Our clinic coordinator communicates with the head of the village tract we will go to. [...] If the situation is good, we enter [the village] but if it's not good, we stay outside. [...] We have never gone with the KNU. If we go, people take security for us. They don't bring any guns with them. They just bring walkie-talkie. [...] When we go to a village, they already know. When we go, the village head informs villagers that medics are coming. [...] If [the villagers] ask "Who are you?" we just tell them "I am a medic. We come around to look after patients." [...] I don't tell [where the medicines are from] because it is in our own village and they already know. They already know that we work for the clinic."

On 27 November 2011, the two medics were providing healthcare in a village when Waw Lay's cousin came to find them – his wife had given birth less than a month before and was very sick. Nearby KNLA troops informed the medics' in-Charge that *Tatmadaw* soldiers were on patrol and that it was too dangerous to travel to the cousin's village. But, as Waw Lay explained,

¹³² The Karen National Defence Organisation (KNDO) was formed in 1947 as the first armed wing of the KNU. The Burmese government outlawed it in 1949 and attacked its units. The KNDO was eventually relegated to policing and taxing roles within the KNU and the main fighting role given to the KLNA. The KNDO continues to operate in some areas as a village-level security group (South 2011).

¹³³ This interview was conducted in Mae Sot, on the Thai side of the border. Often, when I spoke to medics while they were in Thailand, they referred to the resistance as "here", Mae Sot having become a notorious base for Burmese opposition and resistance groups in exile.

“[my cousin] came and told us “You should go. If you don’t go, my wife will die.” We could not think and went. We went and did not yet arrive at his hut. The army arrested us in the jungle before we arrived. [...] The *P’Yaw* pointed at us with guns and we had to stay quietly. We didn’t have anything. In our bags, we carried one [Blood Pressure] Monitor, one or two pens and 180,000 [Kyat]¹³⁴. There were ten silver Baht coins. They asked for my cigarettes and I gave them. When I gave them, they saw that [my cousin] was carrying the medicines¹³⁵ and they arrested us directly. [...] They said, “Are you military medics?” They accused you directly of being a soldier. [...] I answered and told them “No”. They questioned me: “Are you a ringworm medic?” I told them “No”. [...] I told them that I am a community health worker.”

When they were intercepted, the medics and villager were alone and unarmed. The soldiers found their medicine and a Travel Order from the KNU Township Secretary, which had been provided to Waw Lay so that he would be given safe passage through KNLA checkpoints while implementing Back Pack’s programmes in his area. The soldiers accused the medics and villager of being part of the KNLA, tied them up, and marched them to a *Tatmadaw* camp where they were imprisoned.

Over the following weeks, Hsa Moo was separated from the men, interrogated multiple times and told that her presumed links with the KNLA could lead to life in jail. She was asked where she works and which organisation supports her; she explained that she didn’t know who provides medicines but that they come from abroad; she said that she is a volunteer health worker and not part of any organisation. The commanders asked about the KNU/KNLA and if she travels with soldiers when providing healthcare. As she later told me,

¹³⁴ Until April 2012, the Burmese currency – called the Burmese Kyat – had very different values according to the official and black market exchange rates. From 2001 to 2012, the official exchange rate varied between 5.75 and 6.70 Kyat per US Dollar. However, the black market rate more accurately took into account the standing of the national economy, and at the time of this interview was estimated at around 830 Kyat per USD. 180,000 Kyat would therefore have been worth around 217 USD.

In April 2012, the Central Bank of Myanmar announced that the value of the Kyat against the US Dollar would float, setting an initial rate of 818 Kyat per USD – <http://www.bbc.co.uk/news/business-17581115> – last accessed 26 February 2012.

¹³⁵ Waw Lay’s cousin was carrying the medics’ medicines, wrapped in a traditional Karen sarong.

“They asked “You stay in Mae Sot and how do you go to the field to provide medicine? How do people contact you?” I told them people communicate with walkie-talkie. [...] The *Thara* [i.e. *Field in-Charge*] contacts [KNLA]. They contact each other. [...] I told them we go without soldiers. We go only with villagers [for carrying medicines].”

The commanders also asked Hsa Moo about a *Tatmadaw* soldier imprisoned by the KNLA, who she had been called to treat several days before her arrest¹³⁶:

“Because I had gone to see the *P'Yaw* who was arrested by KNU soldiers, so they said I had contact with KNU. [...] “You went and *kwa*¹³⁷ my soldier who was arrested, right?” I replied to him, “Yes”. And he said “Why did you go and *kwa*?” I told him “I am volunteer health worker. I go around and provide treatment to patients.” [...] They asked “Why did you go and treat him?” I told him “I was asked to go so I went because he is a patient.” He said something and it seemed like I had contact with KNU.”

Waw Lay was also repeatedly interrogated about his links with the KNU/KNLA:

“He asked me [...]: “Where did you go and attend the training?” I told him that I attended training at Ee Thu Hta¹³⁸. [...] He said “Do you know the Brigadier of the [KNLA] 5th Brigade?” I told him that I heard about him, but I did not know him. He told me “It is not true that you do not know. You are telling us a lie. You tell us honestly. If you do not tell us honestly, your life will end here. Your life will end tonight.” I thought it does not matter even if my life ended here. I am not a rebel. I am not a murderer. [...] He asked me “Did you have a gun when you attended the training?” I told him “We did not have a gun.” “Did you carry a gun?” “No, I did not.” “Can you plant landmines?” “No, I cannot plant. We attended the training for community health. Guns were not involved.””

¹³⁶ The soldier had lost his leg because of a landmine injury and had gone to hospital in Pa Pun town for treatment. On his way back to his battalion, he was caught by KNLA soldiers, who on 24 October called Hsa Moo to attend to the soldier's infected wound. She returned once, two days later, to provide follow-up treatment. After this, she was herself detained so unable to continue to treat the patient.

¹³⁷ *Kwa* literally means “to look” in Sgaw Karen but in this context also means to examine and treat.

¹³⁸ Ee Thu Hta is an IDP camp inside Karen State, near the Thai-Burma border. KDHW medical trainings are regularly conducted in this camp.

Negotiations at different levels were attempted to secure the medics' release. Their village leaders acted as guarantors, attempting to convince the *Tatmadaw* that the prisoners were not part of the KNU/KNLA. But time and time again, the village leaders were told that the medics' fate was up to higher-level authorities, not the troops holding them. Back Pack's leaders attempted to draw on international protection mechanisms to put an end to what they described as the medics' arbitrary detention and denial of their medical neutrality. With guidance from an International Humanitarian Law expert who had provided Back Pack with training a few months earlier, they sent case reports to the UN Working Group on Arbitrary Detention – but received no response. They requested assistance from the UN Special Rapporteur on the Situation of Human Rights in Myanmar – after two weeks, they received a vague response saying that he would work on the issue. They contacted government donors, such as the US, who pledged to raise the issue through diplomatic representatives in Burma. They contacted UNHCR representatives in Thailand who in turn contacted their counterparts in Burma, but were told that UNHCR had limited ability to act. They contacted the ICRC in Rangoon, but were given a similar response.

By January 2012, Waw Lay's cousin had been released and the two medics had been moved from camp to camp, interrogated multiple times, and consistently accused of being 'rebels'. During most of the time, they were held separately. Hsa Moo was handcuffed for part of her detention; Waw Lay was shackled and chained to a wooden bench day and night¹³⁹. Then, on 19 January, the medics were told that a ceasefire had been signed with the KNU/KNLA. They were released and a celebration was held, to which local authorities, military representatives and religious leaders were invited. The medics were given 150,000 Kyat¹⁴⁰ each and new sets of clothes. Waw Lay was wearing one of the new shirts he had been given when he told me,

¹³⁹ Waw Lay's leg was encased in a wooden leg clamp, which was then locked with three bolts and chained to the wall. His arms were bound in front of him with chains. Chains were wrapped five times around his body and then to the wooden bench he slept on. He was allowed off the bench only to go to the latrines, when he would be accompanied by two guards, his hands still chained together.

¹⁴⁰ 150,000 Kyat would have been worth around 180 USD according to the black market exchange rate at the time.

“Then, [the Commander] said “We will release you today because your leaders from above made peace and we are happy. You and we are now friends. You can work as medics when you go back. It is good to do as medics.” But he said “You should not connect with KNU.””

Due to their arrest, the medics did not reach the sick woman; she died two days later. Five villagers went to bury her but were stopped by *Tatmadaw* troops and accused of collaborating with the KNU/KNLA. When he returned to his village, Waw Lay found out that,

“They questioned the villagers who went to bury my cousin’s wife. They burned Coffee Mix¹⁴¹ bag and poured [*the melted plastic and metal*] on their legs. Then, they took a needle and stabbed them. They cut that one’s leg. They cut one toe off. They cut and the leg was about to be cut off. Only a little bit left. One [of the men] is lost and no one could find him. There were five villagers and one disappeared and only four left. Until now, people could not find him.”

After his release, Waw Lay said he would continue working because there are not enough medics in his area. He had been afraid that the *Tatmadaw* would not release him and during his detention was worried for his wife, who at the time of our interview was nine months pregnant with their first child. Hsa Moo said that throughout her detention, she feared being raped by soldiers notorious for sexual violence against ethnic minority women; on the first night, she was told “If someone tries to do something to you, don’t scream”. She was less sure that she will continue working – without a government medic card, she was afraid that she will be arrested again. She told me,

“I can’t think of whether it is good or not good to continue this work. They told me “If you go back, don’t be involved with those people. If you contact with Karen...” [...] The danger will be less if I go back and live as a normal villager. [...] For us, we are health workers so they detained us.”

This story illustrates partnerships that medics work through to be able to access local

¹⁴¹ Coffee Mix is instant coffee with milk powder and sugar. It comes in individual servings, in a foil and plastic wrapping.

communities, as well as beginning to demonstrate what is meant by “Back Pack is something, Back Pack is nothing” and implications this may have. It highlights the difficulty of applying internationally-defined principles such as neutrality to a context where systems through which aid reaches local communities are shaped by a history of protracted conflict, violence and conflicting claims to political legitimacy, and can mean that medics are automatically branded as illegal enemies of the state. As such, it also highlights limitations in applying state-centric definitions of legality to the systems that medics work with and through to provide healthcare in their communities. The significance of this story is discussed in more detail below; but here I will first present a contrasting case study, which will enable further discussion of these themes.

Case 2: We work with understanding

Naw Paw Lay was 28 when I first met her¹⁴². She was born in a small village in Pa An district, and was raised by her mother and grandparents. She went to school in a nearby town but left after Grade Five as her family could not afford the fees. After three years working in her family’s hillside rice paddy, she decided to attend training at a government midwife school. Before she did the training,

“there were mothers who had hypertension and who couldn’t go to hospital because it was far away, about five to six miles from my village. There was no one to take them to hospital, so mothers who had hypertension and who had difficulties in giving birth mostly died. So we discussed with the village head that we should have someone who can help with this.”

Paw Lay explained that although there were Traditional Birth Attendants (TBAs) in the area, they often didn’t know how to recognise and refer obstetric emergencies. Due to a lack of skilled health workers, transportation difficulties, and the cost of healthcare at the nearest government hospital, women with obstetric emergencies often could not

¹⁴² I met Paw Lay several times during my fieldwork, when she came to Mae Sot for Six-Month Meetings as well as trainings in the Back Pack compound. I conducted two semi-structured interviews with her – at the beginning and at the end of my fieldwork. I was also able to have more informal discussions with her during her stays in the compound and to observe her in trainings and meetings. She thus became a key informant whose case I was able to follow over time.

access care in time. With the 100,000 Kyat¹⁴³ her family saved up for the fees, Paw Lay attended auxiliary midwife training – since, unlike midwifery training, participants need only basic education levels. After obtaining her certificate, she returned to work in her community; but unlike a midwife, she got no government posting or salary; she was expected to support herself by charging villagers for medicines and care.

Paw Lay started helping a midwife posted by the government to a village near hers. The midwife implements a UNICEF immunisation programme, which started in the early 2000s, vaccinating pregnant women and children against polio, tetanus, hepatitis B and TB. Beyond these vaccines, however, it was difficult for the women to access medical supplies. Then, in 2008, Paw Lay met Thara Chit Htoo, a senior Back Pack medic who was training TBAs in the area:

“[He] asked me [to work with Back Pack] because I live and work in the village. He thinks that I am suitable and have the skills to do this. [...] I knew the situation of my village. The village didn’t get enough support, like medicine. I thought it will be better if I come and work myself. With the plan in my mind that every villager would get medicine, I came to be involved. [...] The important things were that when he went to my village, he did TBA training and provided [TBA] kits¹⁴⁴. When I went to join, he showed me how to use [the kits]. [...] TBAs are happy to have the gloves and use them for their work. We also got some supplies. Before, we didn’t get anything.”

Paw Lay now implements Back Pack’s Mother and Child Health Programme in five villages, going three or four times a month to each village. There are two other Back Pack medics working in the area. Twice a year, the medics conduct Village Health Workshops together; the rest of the time, they work separately. Paw Lay also trained two TBAs in each village in safe deliveries and in recognising and managing obstetric emergencies. With the help of her village leader, she set up a small clinic that she runs with medicines received twice a year from Back Pack. Despite also receiving a stipend

¹⁴³ 100,000 Kyat would have been worth around 120 USD according to the black market exchange rate at the time.

¹⁴⁴ Back Pack medics distribute kits to TBAs, which include basic supplies such as gloves, scissors and plastic sheets for deliveries.

of 1,000 Baht¹⁴⁵ a month from Back Pack, Paw Lay struggles to survive:

“When I get to the villages, some [villagers] come to me for treatment. Some are poor and sometimes they don’t have money to buy milk powder for their children. I see that and feel pity for them. So I hand some money to them sometimes. [...] Some have goodwill toward us and give us [money]. But we don’t take it. [...] We have to see their situation. Some villagers are not rich. So we don’t take. Some come to give us vegetables. They come to give us because of their goodwill.”

Paw Lay still helps the government midwife in providing antenatal and postnatal care, and in implementing the UNICEF programme:

“We work together when we have to inject vaccine, give children vaccine and vitamins, and do the health education in the schools. If she doesn’t have enough medicine, I give her the medicine from Back Pack. I supplement her medicine if there are eighty students but she has only four or five hundred medicines. If the medicine I have is not enough, I combine with her and work. [...] The midwife is Karen. She knows we work with Back Pack. But we have understanding between each other and don’t let the superiors know about this. She said to me, “Sister, if we work with understanding, there is no problem”. So we negotiate with each other and work. But she doesn’t let the superiors know. We work with understanding.”

Since 2000, Paw Lay’s area has been occupied by DKBA and *Tatmadaw* troops. Although this means that UNICEF was able to initiate an immunisation programme, villagers also face many difficulties. After Burma’s 2010 elections, the area also became the site of renewed conflict between the *Tatmadaw* and a faction of the DKBA, which refused to join the Border Guard Force. As Paw Lay explained, the “current situation is not good...”

“...Not good means there are many groups in my village. There is KNU, DKBA and SPDC. When SPDC comes, fighting always happens. This makes the villagers afraid. [...] They shoot. When SPDC comes, they don’t ask anything and they shoot into the village if there are KNU in the village.”

¹⁴⁵ 1,000 Thai Baht is roughly 30 AUD or 30 USD, depending on the current exchange rate.

Unlike many medics working for Back Pack in unstable areas, Paw Lay never communicates or travels with armed groups. Instead, for her protection, she uses her auxiliary midwife card:

“Some of [the *Tatmadaw* soldiers] may know that I am a midwife. But they don’t know that I work for Back Pack. [...] I don’t dare tell them that I work for Back Pack. When I go and take care of mothers who have given birth and who are sick, I have the card. [...] I am the same government’s personnel like them. So they can’t say anything to me.”

Yet Paw Lay is still afraid of the *Tatmadaw*. Local villagers know her only as a local midwife – she never mentions that she receives support from Back Pack, for fear that the information might reach *Tatmadaw* soldiers. But despite the risks involved, she values Back Pack’s assistance:

“After the medicine arrives, I can treat patients for free. It is also good for them. They don’t have to buy or go to other places anymore. I am happy for my villagers because help doesn’t come from other places except this one. [...] There will be trouble if like that [*i.e. if Back Pack stops support*]. Some villagers are very, very poor. When they are ill, they can’t go directly to the hospital. They don’t have money and it is not possible for them to go. If the support stops, everyone will be in trouble. [...] After joining with Back Pack, I came to know more. [...] The new things I learned are giving medicine like vitamins and anti-parasitic drugs to the mothers who have given birth and pregnant women. When I was attending training on Burma side, I didn’t know about the medicine. I was not taught about that.”

When I last saw her in mid-2011, Paw Lay was planning to get married. Fighting had increased in her area and she told me:

“I will not continue working if the political situation gets worse and there is difficulty with travelling. If we can travel, it is okay to go around, I think I will keep working. [...] If there is no conflict, I mean there is no fighting, I will always be happy. If the situation becomes complicated, if SPDC comes and the fighting breaks out, I don’t have desire to work anymore. My mind becomes very confused. One thing is that I have work to do for my villagers and another thing is the fighting of the groups.”

This second story further illustrates what is meant by “Back Pack is something, Back Pack is nothing”. It highlights partnerships that Back Pack works with and through in a ceasefire area, and how the organisation taps into human resources for health at the community level – including medics who have attended government training and obtained documents enabling them to provide healthcare legally. It provides an example of how local-level connections can be created between state and para-state systems for health. Yet it also illustrates ongoing fear and distrust of agents of the state. Finally, it also suggests limitations in applying state-centric definitions of legality to systems that medics work with and through to provide healthcare in their communities. In the remainder of this chapter, I will discuss these themes, as well as those raised by the previous story.

B. Partnerships for health: working with and through local-level systems

Looking at how Back Pack medics work, it is possible to explore the functioning of partnerships and the operationalisation of trust within local-level health systems, which became mechanisms for the delivery of international aid to communities in Burma’s border areas. Academic writings highlight trust as central to the functioning of health systems and cooperation among people to reach common goals (e.g. Gilson 2003; Illingworth 2002; Thiede 2005). Academic discussions of trust tend to focus on calculations of risks and benefits – generally from the perspective of rational choice models (e.g. Evans and Krueger 2011; Gambetta 2000; Luhmann 2000; Warren 1999) – or on the social production of trust through structures in which individuals are embedded (e.g. Gilson 2003; Illingworth 2002; Misztal 1996; Torche and Valenzuela 2011; Warren 2001).

As revealed through Back Pack medics’ stories, however, ways in which individuals perceive different actors and systems, and the impacts of an embodied history of violence on these perceptions, are also important considerations. Attention to these dimensions of partnerships is important, particularly in a potentially evolving context, where donors were at the time of my fieldwork re-evaluating approaches to assisting communities affected by decades of conflict and instability. In following sections, I will

first discuss how Back Pack medics work with and through local-level systems, and how working relationships can be created with unlikely partners; I will then discuss the medics' perceptions of diverse actors and systems, leading to a re-conceptualisation of cross-border aid that takes into account attributions of legitimacy by those involved.

Back Pack recruits medics like those described above, who live and work in their communities. This enables Back Pack to harness and strengthen local-level capacities for health and to implement programmes through people who know the languages, cultures and politics of those communities. The medics are described as known and trusted by their communities. They work with and through local-level health systems, and with authorisation from and often the protection of political and armed groups in their areas. As Law Eh – Back Pack's new Director¹⁴⁶ – explained,

“We have to implement our healthcare work by dealing with all responsible people in the area. The people we approach are the local authorities, local armed groups and religious leaders. [...] Back Pack team leader directly contacts with the local health department. The local health department decides where and which area should be Back Pack team.”

Most medics are trained by and recruited from ethnic health departments – the health systems under the administration of ethnic nationalist groups. These mother organisations then become mechanisms through which Back Pack accesses its different target areas. As one of Back Pack's founders put it, “Without the health departments – the local health departments – the Back Pack may not survive; so they are relying on each other.” Back Pack is, as Poe Say described, “something”: a mechanism or system of networks to channel various types of capital in the form of funding, medicines, skills and technical support to systems inside Burma, which have the human capital to implement health programmes. Given the heterogeneity of Back Pack's target areas, the mechanism for healthcare provision that to outsiders is known as Back Pack can look very different from one area to another. The cases above thus illustrate how Back Pack supports medics in two different socio-political contexts, both in Karen State.

¹⁴⁶ Leading Group elections were held in 2011 and Law Eh replaced Poe Say as Director. Poe Say then became Secretary of the Leading Group.

Approximately half of Back Pack's teams work in contested areas of Karen State. In these areas, as Law Eh explained,

“If not all, most health workers doing the jobs for Back Pack are from KNU health department. [...] They are KNU health workers... some medics working for Back Pack are from KNLA and KNU health department¹⁴⁷. [...] If they work for Back Pack, they are Back Pack's staff. If they leave Back Pack, they become the staff of their organisations. Like some KDHW workers, they also work for Back Pack. If they quit Back Pack, they become KDHW workers again. Other areas such as Mon, Karenni and Shan, they also do the same thing.”

Many medics implementing Back Pack programmes in Karen State were, like Waw Lay in Case 1, trained by and recruited from KDHW – the civilian health department under the administration of the KNU. When implementing Back Pack programmes, they target remote and unstable areas, with KDHW clinics serving more stable areas. A number of other medics I met had been recruited from the Medical Branch of the KNLA. One such medic explained,

“In our area, we cure the patients if we have the patients, but sometimes, if the soldiers go to the frontline, we have to go with them. [...] Sometimes, we aren't free. For instance, if our leaders need us somewhere, we have to go to them and we have no time to go with Back Pack. [...] Back Pack workers are mixed; they are military health workers, villager health workers and they are under KNU. We cooperate and work together.” [30 year-old male medic, Karen State]

As Gallant describes of transnational crime but in an analysis applicable to this discussion, “[i]n-law or outlaw status was determined by the nature of the relationship of a group to the state at any specific point in time” (Gallant 1999: 40). In areas of contested sovereignty such as Case 1, Back Pack can be conceptualised as a mechanism to support community-level health systems that, because they operate under the authority and protection of an ethnic nationalist group in conflict with the state,

¹⁴⁷ As explained in Chapter 2, prior to the fall of Manerplaw in 1995, the KNLA's Medical Branch managed most clinics and hospitals in areas under KNU control. KDHW was created later, when the KNU/KNLA was weakened by scaled-up *Tatmadaw* offensives and could no longer maintain its health and welfare systems. KDHW became the civilian health department, tapping into international funding to support health programmes out of mobile clinics.

automatically tend to be considered by the latter as illegal and part of the enemy. Elsewhere in Burma's contested borderlands, Back Pack teams also work in areas controlled or partly controlled by other ethnic nationalist groups in conflict with the state, such as the Karenni National People's Liberation Front, the Shan State Army-South, the Arakan Liberation Army or the Chin National Front. In those areas too, Back Pack works with and through ethnic health organisations and under the authority and protection of an ethnic nationalist group, defined as illegal by the Burmese state.

One of the most common misunderstandings about Back Pack, however, is that the organisation works only in areas controlled by resistance groups. In fact, Back Pack also works in areas controlled by ceasefire groups, such as the New Mon State Party, the Pa-O National Organisation, the Kayan New Land Party, or the Kachin Independence Organisation¹⁴⁸. Mon Back Pack medics, for example, are trained by and recruited from the Mon National Health Committee (MNHC), which comes under the administration of the New Mon State Party. The MNHC becomes a type of cover for implementing Back Pack programmes in remote Mon communities; or from the perspective of those within MNHC, Back Pack is a mechanism to obtain free medicines and training in a context where, although they can function legally and theoretically obtain support from government or international organisations inside Burma, communities in remote areas still lack comprehensive, affordable and accessible healthcare services. In ceasefire areas, ethnic health organisations that Back Pack works with and through function legally under the administration of ethnic nationalist organisations no longer branded as 'rebel' groups. Rather than supporting the systems themselves, Back Pack is then a mechanism for health workers within those systems to access additional resources with which to support remote and underserved communities.

In target areas where there is no ethnic health organisation and/or where the group in control of the territory can't or won't ensure access and protection, Back Pack recruits individuals who are part of civil society organisations – and again becomes an underground mechanism for supporting medics in remote and underserved

¹⁴⁸ The ceasefire between the Burmese government and the Kachin Independence Organisation/Kachin Independence Army, however, collapsed in June 2011 and fighting has since been ongoing in Kachin State.

communities. For example, in Lahu communities in remote parts of Shan State that are controlled by a militia group, a young woman I met who was initially trained as a government midwife implements Back Pack programmes under cover of a civil society organisation that has worked in the area for many years. Back Pack can thus support healthcare for communities in the area without working with the Lahu militia, which is allied with the state and considered hostile by the Shan State Army-South – and Back Pack has to cooperate with the latter to run programmes elsewhere in Shan State. Since they work ‘under the radar’, medics in such areas typically do not want their mother organisations named, and often become nervous when outsiders attend Back Pack’s meetings or ask about their work.

In Case 2, Paw Lay lives and works in a rural area of Karen State where she, like Waw Lay and Hsa Moo, has to negotiate multiple authorities. But her area is more fully under state control. Practices of statehood are not limited to the exercise of force and attempts to extend predatory control, but include the provision of basic services in urban centres and the facilitation of initial access into rural areas by international agencies like UNICEF. But since government health services come at a high cost and services provided by international organisations remain limited, people in remote villages such as Paw Lay’s still lack access to comprehensive, accessible and affordable healthcare. During my fieldwork, I met a small but growing number of medics who, like Paw Lay, live and work in such areas and had attended government training before being recruited into Back Pack. Since they have official accreditation, they can travel and provide healthcare – in the eyes of state actors, legally. However, like Paw Lay, they are generally sent to work as unpaid volunteers in their communities and are part of no official system through which to obtain medical supplies, training or other support. Back Pack enables medics like these to access such resources, allowing them to provide free healthcare in their communities.

Whether in conflict, ceasefire or mixed administration areas, medics work with and through village-level authorities to implement programmes in target communities. This is described as essential for the creation of trust:

“We can say that the communities believe/trust¹⁴⁹ us. Now, we discuss with the villagers first before we go to give the training in their area. First, we enter to a village and inform them about giving the training. After that, we discuss and ask the agreement from them, what we should do to bring a good result. [...] When we are going to give medical training, we always work with religious leaders, village heads, and school teachers because most of the villagers believe/trust those people.” [30 year old male CHEPP worker, Karen State]

Many medics, like Paw Lay and Waw Lay in the stories above, are initially selected or endorsed by their village leaders to be trained as medics. Before beginning programmes in a village, the medics then obtain authorisation from and seek the input of the village leader and, often, the village health committee – a committee comprising respected villagers, who help the medics identify needs and implement programmes. Thereafter, as described by Waw Lay in Case 1, the medics inform the village leader before going to the village; the leader tells the medics whether it is safe to enter and then gathers the villagers. Teachers, religious leaders and other respected people in the community are also essential, for example helping with Village Health Workshops or the dissemination of information about disease transmission and prevention.

The recruitment of medics from communities in which they work and ways in which medics function with and through local-level health and socio-political systems mean that Back Pack effectively disappears at the community level: Back Pack is nothing. As in the cases above, medics I met often explained that community members generally do not know (and probably don't care) where they receive healthcare from – beyond knowing, as described in Case 1, that Waw Lay is a local health worker. During my fieldwork, for example, I met a villager from Karen State who was blinded in one eye by shrapnel from a landmine. Thara Tin Oo, a senior medic in his area, treated him and brought him to Mae Sot, where he hoped that surgeons at Mae Tao Clinic could restore his sight. The villager knew Tin Oo well: eight years before, while tending to his family's rice paddy, he had been shot by *Tatmadaw* soldiers; Tin Oo amputated his arm and treated him then too. Aside from these two occasions, the man had never accessed

¹⁴⁹ Trust and believe are the same word in Sgaw Karen. So this can be translated as “the communities believe [in] us” or “the communities trust us”.

healthcare. He knew that Tin Oo worked with another person (in fact a Village Health Volunteer), but he did not know the difference between their roles or which group they were part of. He was just grateful, he said, to have been given treatment when he needed it. And although Mae Tao's surgeons were unable to restore his sight, he was thankful that Tin Oo had paid for his travel to Mae Sot and tried to help him.

Medics often explain their relationships with communities as a system of mutual reliance. The mechanics of this system were summarised by one medic, who explained,

“If they go to the community, so they need the community to help them, like to organise the place or the people... like transportation, communication... So for that, so, the health worker[s] have to rely on the community. But the community, they have to rely to the health worker[s], because they need healthcare services. When they sick, or they have something problem, so they need the health worker. So they are rely on each other.”

Some medics explain that villagers come to them rather than government medics – if any work in the area – because the latter are outsiders who don't understand local languages and customs, and cannot be trusted because they work for the government. But more generally, for the medics, trust is demonstrated in practical ways: by villagers anticipating their visits, returning to them for healthcare, and putting in practice healthy behaviours they teach them. Like Paw Lay, medics often explain that villagers rely on them because they provide free healthcare in a context where people have little access to official services and/or cannot afford such services. Medics often contrast themselves with people trained by the government who make a living by selling medicines to villagers in remote areas, as Paw Lay was told to do after her auxiliary midwife training. So in the area described in Case 1, there is also a man who has attended government health worker training; but Waw Lay explained that he is not reliable because he makes money selling medicines to villagers who often cannot pay and, when they do, develop drug resistance or other problems as a result of being misdiagnosed and given inappropriate medication.

Medics explain that they, in turn, rely on local communities. As in Case 1, they rely on village leaders who ensure security, notify villagers of their arrival, help implement

programmes, and organise food and accommodation. They rely on villagers, who give them information about *Tatmadaw* troop movements, and whose food they eat and homes they sleep in while they travel from village to village. Many medics also explain that villagers help them carry medicine and other equipment as they travel around their target areas. Villagers aren't paid for this work, but the medics describe it as different to the portering that community members are forced to do for armed groups: villagers carry the supplies in exchange for these being used for their benefit¹⁵⁰. Medics also explain that while villagers do not pay them for treatment – which distinguishes them from government health workers – they sometimes give them local produce or even cash. The medics, however, generally don't consider this to be payment. They explain the healthcare they provide as non-commercial, since gifts they receive from villagers are considered part of this system of reciprocity, in which villagers help the medics to survive while the medics work for them.

This model of reciprocity is central to Back Pack's functioning with different actors within its target areas. It also explains the attitudes of some older leaders, who argue that medics should rely on community support, not stipends from the organisation. So as Aung Myint – one of Back Pack's founders and Leading Group members – told me,

“Community support our health workers and medics. They, medics, you know, enter to the village, ah, many people come around the health worker, very crowded! Oh, headache, dizzy, abdominal pain, ah! Sick! Oh! Many kinds of... So, after that, they give you some vegetables, some chicken, some kinds of snack... so we don't need any stipend or salary. We can survive with the community – community and the service provider look like fish and water. Fish and water! No community, you cannot survive.”

In the medics' explanations, reciprocity with local communities is the basis for the

¹⁵⁰ As an outsider relying on the medics' descriptions of their functioning in target communities, it is easy to romanticise their systems – and it must not be forgotten that the medics work with and through socio-political authorities in their areas, who can ensure not only access and protection but also compliance to the medics' requests, for example, to carry medical equipment. Some outsiders I spoke to questioned the voluntary nature of community members working as porters for the medics, particularly if the medics are travelling with armed escorts. However, all medics I spoke to maintained that the villagers who help carry medical equipment do so on the basis that this will benefit their communities, and generally as a result of an agreement between a senior Back Pack medic and local authorities such as village leaders in the target area. It is this type of reciprocity that in the medics' explanations is central to the way they function at the community level.

partnership that they see as necessary to improving community members' health. This partnership is enabled by medics who originate from within communities targeted in their health programmes, and who work with and through local authorities and socio-political systems.

As illustrated in Paw Lay's story in Case 2, relationships of reciprocity can also develop between individuals who are part of theoretically opposed systems. Paw Lay's status as a government-trained auxiliary midwife acts as a type of cover for the implementation of Back Pack programmes in an area controlled by the *Tatmadaw* and DKBA. For her, Back Pack becomes a mechanism to obtain various forms of capital such as free medicines and training. And while Back Pack's leaders don't communicate with the DKBA – since the latter is allied with the state and in conflict with the KNU/KNLA – Paw Lay has developed an understanding with local troops. As Paw Lay's Field in-Charge explained:

“For Paw Lay to be able to come here, she has to report to village head and the DKBA whether she can come here or not. She can come here when she is permitted. They have to explain [to the DKBA]: “We do this work, it is not for fighting each other. We work for the villagers. If you see that this is good, we will do”. [...] The reason is some families of the DKBA come and stay there, so we have to look after them as well. Some who have families there understand us”.

Paw Lay became part of Back Pack's network – and thus part of the system labelled as cross-border aid – but continues to work with a government midwife implementing a UNICEF programme. The relationship the women have is mutually beneficial. Paw Lay obtains free medicines from Back Pack, with which she provides mother and child healthcare under cover of her status as the midwife's assistant. She trains TBAs in safe deliveries and pre- and post-natal care. The TBAs, with birthing kits provided by Back Pack, go on to help the government midwife. And since UNICEF often provides insufficient drugs for its immunisation programme, Paw Lay supplements the programme with drugs from Back Pack. The ways in which the two women help each other and complement each other's resources demonstrate the extent to which macro-level distinctions between cross-border aid and state-sanctioned mechanisms can collapse at the local level. Local agents, far from being passive channels for the

implementation of aid, tap into multiple mechanisms to obtain resources with which to provide services to their communities. And in a context where it can be difficult to trust anyone, this case shows that working relationships can be built between individuals who are part of theoretically opposed systems.

Paw Lay is not the only medic who has developed local understanding with armed allies of the state or government medics. Paw Lay's Field in-Charge explained that, elsewhere in his area, the state has started distributing Vitamin A and deworming medication to young children. Local medics who had already been implementing Back Pack programmes in the area came to an agreement with the government health workers:

"They started [this project] and we made an understanding with their medics. We told them, "You and us, we are same health workers. If the Burmese government takes [responsibility for children] from 1 to 5, we will take for children from 6 to 12 [years old], so that we don't duplicate." But as you know about the Burmese government, if they knew that these medics are working together with our health workers, they would arrest these medics. There is danger for them. We have to do it with understanding. [...] Firstly, we told them, "There is fighting and let it be. This won't give benefit to the people. We are health workers, I am Karen and you are Karen. Even though you work for the government, we will unite to improve the health situation in our village. We will do secretly for not harming the civilians." We explained to them like this. They do, but they work in fear." [*Chit Htoo, Field in-Charge, Pa An, Karen State*]

Local-level arrangements between people who are part of theoretically opposed systems have also developed in other areas. For example, during my fieldwork, Back Pack medics in Shan State began trainings for local TBAs in partnership with government midwives. In Chin State, Back Pack medics working under the protection of the Chin National Front receive safe passage from *Tatmadaw* soldiers after providing treatment to the latter's families; these medics also cooperate with health workers implementing disease control programmes under the state-sanctioned Three Diseases Fund. Such examples of local partnership are important; but so too are the far greater number of medics who explained that they have tried to work with government health workers but the latter are afraid to do so, that government medics will report their activities to state authorities, or that they remain afraid of being caught and punished by state forces. And

when, for example, a working relationship does develop between a medic like Paw Lay and a government midwife, this horizontal partnership is only possible with the latter concealing information about it from her vertical superiors. So while trust can develop out of horizontal relationships of reciprocity between people who are part of state and para-state systems, fear, lack of trust and other impacts of a history of conflict and violence remain fundamental barriers dividing those systems.

Analyses rooted in rational choice theory see trust as a calculation that the actions of others will outweigh risks and costs involved in trusting them (e.g. Creed and Miles 1996; Evans and Krueger 2011; Gambetta 2000; Gilson 2003; Luhmann 2000; Warren 1999). Strategic calculation of costs and benefits can to an extent explain Back Pack's functioning with and through ethnic health departments, the inter-reliance between villagers and medics, or the understanding between Paw Lay and the government midwife. Cases where Back Pack medics work with government health workers or soldiers of the DKBA demonstrate that trust can be created through systems of reciprocity with people otherwise considered part of the enemy, but with whom cooperation has mutual benefits. But partnerships are also often explained by shared belonging to a community group, generally an ethnic minority group. As Chit Htoo put it, "I am Karen and you are Karen". Here the implication is that partnership is possible through shared identification and recognition of communal benefits deriving from this collaboration. And so partnerships also acquire a socio-moral dimension, and can be linked with the collective histories and memories described in Chapter 4: medics and their partners find commonalities in their identification as members of ethnic minority communities historically oppressed by the Burman-dominated military state.

As demonstrated through examples above, moreover, partnerships at different levels of Back Pack's functioning are facilitated by working with and through socio-political systems in different target areas. It is then possible to conceptualise partnerships and trust as generated through the socio-political systems – and these systems' respective hierarchies and norms – in which individuals are embedded (e.g. Gilson 2003; Illingworth 2002; Myszal 1996; Torche and Valenzuela 2011; Warren 2001). Drawing on Scott's analysis of patronage systems in Southeast Asia – which, as described in Chapter 4, are integral to ways in which individuals are recruited into Back Pack – it is

also possible to see how strong, trusting relationships can be created within vertically integrated networks (Scott 1972). Weaker linkages can be created through horizontal exchanges of various forms of capital between individuals in different networks (with these networks sometimes being on different ‘sides’ of shifting political divides); but these are inevitably more fragile (*ibid.*).

However, trust is also affected by factors beyond the cognitive or socio-political. Giddens, for one, suggests that trust is more a form of faith, going beyond cognitive understanding (Giddens 1990). His writings also imply ways in which a collective memory – which can be conceptually related to Fassin’s politics of memory and embodied history – ensures that the past is inscribed onto the present and future and can, in combination with structural factors and power relations, contribute to choices people make within a context characterised by risk (Fassin 2007; 2008; Giddens 1994). Taking this reasoning a step further and drawing on cases described above, it is possible to explore the impact of embodied histories of violence on the ways that individuals and groups identify friends and foes, partners and enemies. I will therefore now turn to a discussion of how the medics relate to, experience and attribute value to diverse actors and systems, and how they, in turn, are categorised by the state and its agents.

C. Friends and foes: introducing the neutrality debate

“I don’t know why, but if the *P’Yaw* comes and catches you, they will kill you.”

[27 year-old female medic, Karen State]

Back Pack leaders and medics emphasise their duty to treat anyone who is sick or injured, irrespective of ethnicity, gender, religion or political affiliation. This principle – referred to at the international level as impartiality – is enshrined in Back Pack’s Constitution and taught to medics in the field. However, when I spoke to individual medics, they often evoked their fear of and lack of trust in the state, personified by its soldiers. Hsa Moo and Waw Lay thus explained that, as medics, they have a duty to treat anyone, regardless of which ‘side’ the patient is on; but they also admitted not daring to treat *Tatmadaw* soldiers. Recounting his arrest and detention, Waw Lay said:

“[The Commander] asked me “Are you a ringworm medic?” I told him “No”. He

asked “Who are you?” I replied “I am the community health worker.” “Do you go and treat both two sides? I told him “I treat both sides. I have no enemy. I am the community health worker. If people come and call me, I go to look after them. We go to look after them when they are sick.” Then he said “Have you ever come and looked after [patients] at my battalion?” I told him “I do not dare to go because you do not come and call me. If you come and call me, I will go. We have no enemy.” [...] Even if they come and call us, we don’t dare to go. If the villagers come and call us, we dare to go.”

When they were detained, Waw Lay and Hsa Moo were accused of being ringworm medics. ‘Ringworm’ is a pejorative term often used by *Tatmadaw* soldiers to designate members of the Karen resistance – as well as Karen people in general – portraying them as dirty, diseased and lowly forms of life. In my discussions with them, both medics referred to the *Tatmadaw* as *P’Yaw*, the Sgaw Karen term for Burman. This is common in the area, where community members (including medics) refer to *Tatmadaw* soldiers by the term for Burma’s dominant ethnic group; but it also highlights a common conflation of the state, military and dominant ethnic group, which tend to be jointly seen as the source of suffering experienced by ethnic minorities. Both medics also spoke of their fear of *Tatmadaw* soldiers, and blamed them for the death of the woman they had gone to treat. There was anger and pain in his voice as Waw Lay described the arrest and torture of his cousin’s friends. He also spoke of the hatred expressed towards Karen people by officers who interrogated him – inadvertently drawing attention to deep-seated resentment and distrust not being one-sided:

“They said “I feel pain when I look at them. I want to kill them. I hate every Karen. I lost my leg. If it was you, how much will you feel? Is it painful?” For the Officer with two stars, he told me that he does not want to talk about Karen. He said “I feel pain when I talk about them.” He told me about that: whenever KNU arrested Burmese soldiers, they sharpened a bamboo and hit them on their heads.”

Fear of a state personified through its soldiers and resentment towards those they see as powerful oppressors were affective backdrops to my discussions with Back Pack medics. Fear, resentment and distrust go beyond the purely cognitive to form the deeply ingrained bases of individuals’ decisions, behaviours and relationships. Like the embodied history of Apartheid that Fassin describes as shaping the framework within

which actors in South Africa live and interpret HIV/AIDS (Fassin 2007; 2008), Waw Lay and Hsa Moo's lived experiences are framed by an embodied history of state-driven violence and suffering. This embodied history shapes the ways they live and make decisions in their daily lives. Their arrest and detention did nothing to alleviate their fear of the state and its soldiers; and after they were released, they threw away the medicines that the soldiers gave back to them, out of fear that these had been poisoned.

Although the theory is, in the words of one medic, that "there is neither enemy nor friend in the field of health", embodied histories of violence contribute to the worlds of the medics being worlds divided into friends and foes. Many medics I met referred to the state and its army interchangeably as "the enemy". Some medics also described emotional quandaries when obliged to treat *Tatmadaw* soldiers:

"Sometimes, I want to kill them. That's that man, enemy. But, there's a policy¹⁵¹. I am a human being, and so is he. I think one time, if I am caught, they would treat me like this. I think they would kill me. [...] But, while treating [him], I think "Damn that man"" [22 year-old male medic, Shan State]

In a conversation with Htoo Paw, whose story was told in Chapter 4, the senior medic referred to the need for impartiality in medical work, but highlighted a common discomfort with neutrality (in the wider sense of not 'taking sides'), with the state's soldiers seen as the source of a personal and collective history of violence and suffering:

"Healthcare is like: Burmese villagers or Burmese soldiers, if we saw them with trauma, hurt, something else, we should take care of them. And if there is fighting and if some soldiers get injured, we should take care. [...] SPDC is our enemy. I feel bad. [...] Because they come to our Karen area. They fighting, burn the villages, they kill the villagers. We have to flee often – that is [why] we don't like them. For example, in the village we will build a house, we have to prepare for a long time. We have to collect the money to build our house for a long time. Normally we build by wood. When they burn, just thirty minutes. All gone, so we have to start it again, so we are so tired. So our village never grew up 'til [now].

¹⁵¹ The medic was referring to the policy of impartiality, which dictates that medics treat any person who is sick or injured and is enshrined in Back Pack's Constitution and organisational policies.

[...] When they didn't come to our Karen State, we don't need to hate them, we don't need to fighting. We stay freely with our Karen and KNU, Karen our leader, we can [stay] like that. [...] The SPDC is all the time we have to afraid [of] them, they have gun."

Groups opposing the state – defined by the state as outlaws (Gallant 1999) – are instead seen as providing protection and often services enabling communities to survive. These groups thereby fulfil the benevolent practices of statehood seen as absent in the oppressive, predatory soldier-state figure. And even if the medics and their leaders recognise that ethnic resistance groups can engage in predatory behaviour or acts of injustice, these are seen as isolated rather than systematic acts.

Many medics working in areas of disputed sovereignty also explain that they would be unable to implement healthcare programmes if they did not receive information from and travel with an escort from an armed ethnic nationalist group. As one Karen medic explained:

"[KNLA] support us and protect us when we go and work. We can't go and work without worry. We ask them when it is needed, like where there will be [*Tatmadaw*] operations or not. For example, we go and for the transportation, we have to rely on them. We can't go by ourselves." [58 year-old male medic, *Karen State*]

In Case 1 above, Waw Lay and Hsa Moo weren't travelling with an armed escort. Their Field in-Charge had, however, made contact with a nearby KNLA Battalion on the morning of their arrest and had been given information about *Tatmadaw* troop movements. Waw Lay had also been provided with a Travel Order from the KNU Township Secretary. This was intended to protect him, should he be stopped at KNLA checkpoints. But since the area in which the medics work is under mixed administration, they risked being stopped (and indeed were stopped) by *Tatmadaw* troops, for whom this document was proof that the medics were linked to the resistance. The Travel Order, which was intended to protect the medics from one party to the conflict, therefore increased risks they faced at the hands of another party, highlighting the complexity of negotiating multiple and competing authorities. Many other medics I met who work in areas of contested sovereignty also highlighted ways in which the

socio-political systems they work with and through can have the paradoxical consequence of increasing risks they face, since they come to be branded as ‘rebels’ or outlaws (Gallant 1999), even when they themselves are not part of a resistance group:

“They want to be against us because in our work we have to deal with many people, including KNU people. KNU is also Karen people and they understand our work and they help us. So the SPDC soldiers see that Back Pack gets support from KNU and that they are part of the KNU.” [53 year-old male medic, Karen State]

In contrast, medics in ceasefire areas or areas controlled by state forces, who work with and through systems that are allied with and approved by the state – ‘in-law’ systems (Gallant 1999) – can work more safely under cover of those systems. But they have to be careful not to reveal that they receive support from an organisation on the Thai border – or they can also be branded as ‘rebels’. As described in Case 2, Paw Lay is a government-certified health worker; but she still fears being punished for her work by a state she sees as opposed to anyone trying to help ethnic minorities:

“In my opinion, people who don’t understand Back Pack activities will think it is related to KNU but people who understand will see it is just only a health service. [...] What [SPDC] don’t like means, I think Back Pack works for the community, for the villages. They themselves think that this is against them. [...] Why they don’t like is that they don’t want to help our villagers. Also they don’t like the other people who are helping the villagers. They just let the villagers die. This is their intention. [...] I see that the government is not good; the medicines supported to us are not from the government. They are from UNICEF.”

When questioned by outsiders about dangers faced by medics in their work, Back Pack leaders generally respond that it is not the medics’ work that is the major risk factor: their belonging to oppressed communities already exposes them to danger. In the words of one leader, “all people live in fear, so it is no difference.” On one level, this is true. This situation – with indigenous medics working in their own communities where, in Poe Say’s terms, “danger is nature” – is therefore quite different from one where an NGO emphasises the safety of its staff in relation to risks faced by beneficiary communities (e.g. Fassin 2007b; 2012; Redfield 2012).

However, the fact that medics have access via Back Pack to various types of externally-sourced capital, and systems they work with and through to implement their programmes, reinforce their categorisation as illegal enemies by agents of the state. In both cases described above, the medics spoke of medicines and training acquired through Back Pack as resources enabling them to help local communities; but since medical skills and resources aren't usually available to villagers living in remote and impoverished areas of Burma, these can be interpreted by state actors as an indication that they have links with opposition groups. As in Case 1 above, many medics thus highlighted possession of medicines as an indicator, for agents of the state, that they are part of 'rebel' groups. The case studies above also highlight non-commercial healthcare as an important component of the system of reciprocity between villagers and medics; but medics' ability to provide healthcare without taking payment can be seen by state actors as proof that they are part of the a resistance group, since government health workers don't and can't function in this manner:

“[*Tatmadaw officers*] asked “Do you take money when you go to treat?” I told them a little bit tricky way. If we tell them very honestly, it is not good. I told them that we take money from some who can afford. [...] If you tell them that you give the treatment for free, they will say that you are KNU military medic.” [*Waw Lay*]

Most medics harnessed into Back Pack's networks have no official qualifications. As demonstrated by Hsa Moo and Waw Lay's story in Case 1, this means that if they are stopped with medication or while providing healthcare, they can be accused of being trained by and working for resistance groups. Paw Lay's example in Case 2 is significant in this respect. Medics like her, in mixed administration areas, face multiple armed groups and authorities, including state actors who can accuse them of being 'rebels' if they do not have the right documentation. Early on in my fieldwork, Paw Lay's Field in-Charge told me that he was deliberately recruiting medics trained by the government and with the documents to provide healthcare without fear of arrest. Much later, after the detention and subsequent release of Hsa Moo and Waw Lay, I asked him again about this. He explained that he planned to send some of his medics – those who had only received training from an ethnic health organisation – to attend government training so that they could obtain official documents. Although this was one individual's response to risks faced by medics in a particular context, this strategy – and

the reactions of others to his proposal – highlights challenges and opportunities in a dynamic socio-political situation, and will be further discussed in Chapter 7, which discusses Back Pack's future in a changing context.

Like most medics I met, the two medics who were arrested and detained are not themselves part of a resistance group. But the networks they work with and through to implement health programmes rely on approval of and protection by non-state actors. On the one hand, this is a strength of Back Pack's model: development of local-level capacities for health is possible by working with and through socio-political systems in different target areas. But this also raises difficulties. Indeed, while Back Pack advocated the medical neutrality¹⁵² of the health workers and attempted to frame the issue within International Humanitarian Law, these mechanisms fit with difficulty onto a context where, for local armed actors, there is no such thing as neutrality, nor do soldiers of the state draw a distinction between civilians and non-civilians (Kalshovan 2007). International frameworks and mechanisms deployed by Back Pack leaders were largely powerless in the face of the Burmese state's sovereignty: the state's armed forces were dealing with what was considered an internal security affair, the medics being seen as part of illegal 'rebel' forces. When they were freed, the medics were told that their release was contingent on ceasefire negotiations between the state and KNU – in other words, national political developments rather than international protection mechanisms or recognition that the medics aren't part of the resistance. At the time of their release, it was uncertain whether ceasefire discussions between the government and KNU would result in peace. What was certain was that, if conflict between state and non-state actors persists, systems through which these medics work will continue to be considered by state actors as part of enemy networks.

¹⁵² The framework of medical neutrality is a particular interpretation of neutrality, with foundations in medical ethics, the laws of war, International Humanitarian Law, and in the history and philosophy of the Red Cross. This framework is intended for the protection of health workers in conflict zones. It dictates that medics be impartial in providing healthcare; impartiality then theoretically ensures that medics and their equipment/infrastructure not be targeted and instead be afforded protection – even if medics and medical equipment are not identified with the Red Cross logo, if they are accompanied by an armed escort, if they are themselves part of a military medical group, or if they carry a light weapon for their protection, since only if and when health workers are actively involved in fighting do they lose their protection under the framework of medical neutrality (Kalshovan 2007). However, the laws of war and International Humanitarian Laws on which the framework draws tend to assume a situation where medical assistance is provided with consent from and the recognition of different parties to conflict (Kalshovan 2007), rather than a context where internationally-funded medical aid is provided without state consent, in partnership with a party to conflict, and in violation of state sovereignty.

D. Implications of ‘Back Pack is something, Back Pack is nothing’

In the previous chapter, I discussed the importance of ‘unity within diversity’ from the perspective of Back Pack as a political actor. By emphasising diversity, the organisation is positioned as representative of all ethnic minority communities oppressed by the state: Back Pack is everything. As described in this chapter, at the level of different target areas inside Burma, Back Pack adapts to systems in place and is more akin to a network enabling various forms of capital to be channelled to local actors with their own systems and ways of functioning: Back Pack is something. At the village level, Back Pack effectively disappears and in its place are men and women recruited from different mother organisations and known simply as medics providing free healthcare: Back Pack is nothing.

The way that Back Pack adapts to and disappears at the local level was something I had trouble grasping at the beginning of my fieldwork. In early conversations, I was confused when Karen medics told me they came from KDHW or the Medical Branch of the KNLA, when I thought they would identify as part of Back Pack. The medics, in turn, were often puzzled by my questions or gave me what seemed at the time like strange answers, like

“I work with Back Pack. I was trained by KDHW. No, I am not part of a political group. No, I am not a soldier. Because I work with Back Pack, maybe I am part of KNU. I don’t know”.

For the leaders, such blurring of the lines is not confusing: they know who is implementing which programme where. It is normal, since Back Pack’s role is to support local-level health systems. It is also necessary for access and the medics’ protection and security. But in the evolving politics of aid to Burma, Back Pack’s leaders also realised that outsiders and particularly donors could find such blurring problematic – and not only because, as mentioned by Poe Say, an evaluator would have trouble walking into a village and asking “How many times have you been visited by Back Pack?”

Issues discussed in this chapter have implications for Back Pack's identity as an NGO, and for debates concerning humanitarian neutrality and legitimacy. While Chapter 4 described an institutional ideology linked to the leaders' politico-moral vision, this chapter has described ways in which Back Pack – as a service delivery mechanism – is better understood as a network to support local-level systems. Back Pack is also not an entity that medics identify with or are identified by on the ground. Back Pack members' identification with the organisation is therefore loosest, the deeper one goes into its different target areas. This makes sense, given that Back Pack's aim is not to supplant but to strengthen local-level systems for the provision of healthcare, with these systems functioning under the authority and protection of ethnic nationalist groups – including ceasefire as well as resistance groups – as well as civil society organisations. It also means that a subtle understanding of mechanisms for aid delivery is necessary; and it demonstrates that calling such a network a “hearts and minds programme for the KNU” misrepresents what is in fact a complex network tapping into and bridging between diverse systems on the ground.

Ways that Back Pack works also need to be understood in relation to the experiences and perspectives of people on the ground – the men and women making up what have become local-level systems for the implementation of international humanitarian aid. Attention to these experiences and perspectives highlights the extent to which choices, behaviours and relationships are influenced by contextual and historical factors. Here, an embodied history of state violence and oppression frames individuals' understandings of and actions in the world (Fassin 2007; 2008). Examples of how Back Pack medics work highlight the ways in which an embodied history of state violence acts as a deeply embedded framework, influencing individuals' and groups' decisions of who to trust and which partnerships can enable the provision of healthcare to their communities.

As described in Chapters 3 and 4, Back Pack as an organisation is not neutral in that it combines the provision of aid with the promotion of a ‘motivated truth’ calling for political change in Burma to end the suffering of ethnic minority communities (Redfield 2006). As revealed in this chapter, it can be difficult to implement an internationally defined principle of neutrality (or even impartiality), when aid is channelled through

local-level systems in a context of protracted conflict, state-driven oppression, and competing claims to socio-political legitimacy – and where local-level actors operate in a world divided into friends and foes. The question is then whether, in such a context, neutrality is a relevant principle for operationalising aid. As demonstrated in following chapters, judgements as to the appropriateness of such systems (and whether or not they are ‘humanitarian’) depend more on the (geo)political decisions of powerful actors in an unequal system of ‘humanitarian government’ than on any consistent implementation of humanitarian principles.

In contexts of disputed legitimacies, moreover, it becomes particularly important to take into account the values attributed by people on the ground to systems and flows in which they are involved. So instead of ‘seeing like a state’ (to use James Scott’s turn of phrase – Scott 1998), it is useful to draw on the approach developed by Abraham and van Schendel, who establish

a distinction between what states consider to be legitimate (“legal”) and what people involved in transnational networks consider to be legitimate (“licit”). Many transnational movements of people, commodities, and ideas are illegal because they defy the norms and rules of formal political authority, but they are quite acceptable, “licit”, in the eyes of participants in these transactions and flows (Abraham and van Schendel 2005: 4).

This implies attention to different regulatory regimes. The latter are defined as “zones within which particular sets of norms or rules may be dominant”, which “organize routines, make and enforce rules, enable or constrain access to resources, set and maintain borders, identify and exclude actors” (*ibid.*: 16). Such an approach can then distinguish between the legal (in this case what the Burmese state considers legitimate) and the licit (what the men and women involved in cross-border aid consider to be legitimate). As illustrated in this chapter, those designated by agents of the state as members of illegal, ‘rebel’ networks hold radically different views of themselves and of the systems they work with and through. Patterns of exchange that enable the provision of healthcare by medics harnessed into Back Pack are built on long-standing ethnic, communal and socio-political networks. These enable the functioning of a system called cross-border aid. And they are considered legitimate by actors involved. For these

actors, moreover, the state is the source of predation, arbitrary violence, and suffering. It is not a source of protection – and definitely not the authority with an uncontested right to determine that which is legitimate.

Within the regulatory regime defined by the Burmese state, socio-political systems and groups opposed to the state – and, by association, networks for health working with and through these systems – are defined as illegal (Abraham and van Schendel 2005; Gallant 1999). But as Abraham and van Schendel argue, “[b]oth law and crime emerge from historical and ongoing struggles over legitimacy, in the course of which powerful groups succeed in delegitimizing and criminalizing certain practices” (*ibid.*: 7). Back Pack’s system for cross-border aid then also needs to be understood in light of historical struggles over the legitimacy of different socio-political actors – and over the legitimacy of systems that enable the provision of humanitarian aid in cooperation with these actors. As evidenced through following chapters, these struggles include actors at different scales, from Burma’s disputed borderlands into the offices of donor governments. Juxtaposing state and non-state notions of (il)licitness and legitimacy thus enables a fuller understanding of how cross-border aid was developed, maintained and legitimised or delegitimised over time. Cross-border aid can then be conceptualised as an evolving product of contradictions between different legal, social and political forces working across international borders, with evolving attributions of legitimacy not always matching state definitions of legality.

CH 6: International Legitimacy for a Humanitarian Struggle

On a hot, dusty morning in late 2009, I arrived at Back Pack's compound for my first day of fieldwork. Thara Poe Say ushered me into a cluttered office dwarfed by a flat-screen TV – the main purpose of which, I later realised, was to show Back Pack's videos to donors and other international visitors. After I had been served a steaming glass of *ye nwe jan*¹⁵³ and Poe Say had enquired about my trip, he asked, "So what will you do for us? How long will you stay?" Seeming pleased when I repeated my plan to be there for at least a year, he told me that as I am Australian, I would be the lead coordinator for a proposal to AusAID; I had three days to compile a request for AUD 50,000, which would be submitted via an NGO called APHEDA¹⁵⁴. Poe Say then handed me his phone and told me to introduce myself to his partner from Burma Relief Centre. Flustered, I tried to explain what was happening. The man interrupted: I was not needed; GHAP was already working on the proposal. Perhaps not realising my relief, he went on to explain that this was an important proposal, intended to "test the water" for cross-border aid. As I handed the phone back, Poe Say shrugged, told me that I would anyway be useful, and explained that Back Pack had not yet secured enough funding for 2010 – donors were waiting to see if planned elections would lead to political change in Burma. Funding from countries like Australia or the UK would also add to Back Pack's "credibility and legitimacy", and to "the world recognising why we suffer in Burma".

From my first day with Back Pack, I was made aware of the importance of donor funding. I was given an insight into partnerships with different groups, which over the years enabled an organisation functioning in the 'legal-illegal' to obtain various types of support. And my position as an Australian researcher was highlighted as significant – on this occasion, it was seen as a potential asset; on a number of others, a threat. As the debate around cross-border aid evolved during my fieldwork and as local actors faced a shifting and uncertain playing field, I came to appreciate ways in which people I

¹⁵³ Burmese tea, literally translated as "hot, plain water".

¹⁵⁴ Australian People for Health, Education and Development Abroad (APHEDA) is an NGO, which was created in 1984 as the overseas aid agency of the Australian Council of Trade Unions. http://www.apheda.org.au/about/1065142333_4802.html – last accessed 13 July 2012.

worked with interpreted and tried to influence these changes. In this chapter, I will focus on how, through partnerships with different organisations, Back Pack became an important player in the politics of aid to Burma. I will investigate what donor support means for Back Pack, as well as possible tensions that can arise when a movement born out of a specific socio-political context is institutionalised within particular frameworks.

A. Local-global partnerships and the institutionalisation of humanitarianism

In 2008, an article published in the international journal *Global Public Health* by representatives of Back Pack, Mae Tao Clinic, Johns Hopkins and others¹⁵⁵ described Back Pack as the centre of a system of local-global partnerships: the management in Mae Sot coordinates between medics in Burma and regional and international partners; the latter enable indigenous medics to access technical, financial and political support (Mahn, et al. 2008). The article promoted Back Pack's system as a solution where "[t]raditional international humanitarian models have been unable to assist the people caught in the black zones of Burma" (*ibid.*: 183). It highlighted empowerment of local actors and fostering of multi-ethnic collaboration, proposing local-global partnerships as an improvement on more conventional, top-down humanitarian models. As such, it also suggested a drive to obtain international recognition for Back Pack's model.

By the time I began fieldwork in 2009, what had started as an ad hoc response to a situation that Back Pack's founders considered intolerable had evolved into an institution labelled as humanitarian and supporting over 80 teams of medics with a projected annual budget around AUD 1 million. Back Pack's leaders were familiar with debates concerning humanitarian aid to Burma, and known for presentations and publications in international forums. They attributed much of their international-level success to links with regional and international partners – some of which, like GHAP, are identified in the 2008 publication, while others maintain a lower profile.

¹⁵⁵ The article was co-authored by representatives of: Back Pack Health Worker Team; Mae Tao Clinic; Karen Department of Health and Welfare; Global Health Access Program; University of Oxford (UK), Department of International Development; Montefiore Medical Center Department of Internal Medicine; Johns Hopkins University Center for Public Health and Human Rights; University of California at Berkeley School of Public Health; and University of California at Los Angeles Department of Medicine (Mahn, et al. 2008).

Table 1: Major donor governments and intermediary partners in 2009

Country	Government aid agency	NGO Intermediary partner(s)		Implementing partner
Canada	Canadian International Development Agency (CIDA)	Inter Pares	Burma Relief Centre (BRC)	Back Pack Health Worker Team (BPHWT)
United States of America	United States Agency for International Development (USAID)	International Rescue Committee (IRC)		
Denmark	Danish International Development Agency (DANIDA)	Danish Church Aid (DCA)	Burma Relief Centre (BRC)	
Norway	Norwegian Agency for Development Cooperation (NORAD)	Norwegian Church Aid (NCA)	Burma Relief Centre (BRC)	

To access government funding, Back Pack works with and through intermediary partner NGOs (Table 1). This model fits within a wider trend of donors funding local NGOs – often emerging from social movements and seen as guarantors of community participation – via larger NGOs (Atlani-Duault 2005). The system of multi-tiered partnerships, which in Back Pack’s case involves multiple intermediary NGOs, is seen to have a number of advantages. For example, one donor explained:

“The strength of this approach is that BPHWT is accountable to BRC who have the expertise and human resource capacity in place to support and strengthen the performance of BPHWT, to closely monitor BPHWT and provide strategic guidance. Neither Inter Pares¹⁵⁶ nor CIDA have the resources in place for this. Inter

¹⁵⁶ Inter Pares is a Canadian NGO, which was founded in 1975 with a commitment to address conflict and injustice in Canada and around the world. <http://www.interpares.ca/en/who/index.php> – last accessed 27 February 2013. Over the past two decades, Inter Pares has channeled substantial support from Canadian private donors and from the Canadian government to organisations providing assistance to displaced people on the Thai-Burma border.

Pares has the resources necessary to work closely with BRC on programme development, monitoring and reporting and strategic planning. CIDA does not have dedicated resources that could do what Inter Pares does. CIDA is confident that close and supportive monitoring takes place by our intermediary partners. CIDA's confidence is based on our examination of reports, monitoring missions, evaluations and audits that validate that which is reported. The most significant implication is that this approach allows CIDA to support a complex programme involving many partners receiving modest levels of funding [...] where CIDA does not maintain a country programme." [*CIDA Senior Programme Officer*]

As argued below, however, multi-level partnerships also have other potential benefits for donors – and particularly government aid agencies – who can maintain a convenient distance from an inevitably complex and 'messy' operational context.

Intermediary partners can be conceptualised as brokers, enabling various types of exchange or 'translations'. Drawing on Bierschenk, Chauveau and de Sardan's analysis of the role of brokers in the acquisition, control and redistribution of aid revenue in Africa, Mosse and Lewis describe ways in which brokers or translators produce development realities (Bierschenk, et al. 2000; Bierschenk, et al. 2002; Mosse and Lewis 2006). They thus highlight how particular ideas can enrol supporters, forge political connections, and create common realities from heterogeneous networks, as well as how policy models are transformed and translated in relation to the intentions, goals and agendas of those who give them an appearance of consensus (Mosse and Lewis 2006). In this process, inter-institutional and intercultural brokerage roles are prominent. In the case of Back Pack's local-global partnerships, brokers' roles are – as described by such researchers – essential in creating order, legitimacy and success of aid programmes, and in producing particular representations of social realities (Mosse 2005b; Mosse and Lewis 2006). Over time, brokers' positions became entrenched and formalised through multi-tiered agreements involving funding agencies and different levels of partner organisations, and through the politics and practices of aid functioning in the realm of what one Back Pack leader called the 'legal-illegal' – a realm, where constructions of (il)licitness as conceptualised by Abraham and van Schendel become particularly important (Abraham and van Schendel 2005).

In Back Pack's case, brokers enable access to funding from government aid agencies, which could otherwise not be given to an organisation that is not legally registered. Intermediary partners also act as brokers by helping with proposals and reports, and communicating with donors. Intermediary partners are often tasked with developing technical and organisational capacities of implementing partners. They assist Back Pack in learning to interpret the frameworks and requirements of the aid industry. They also mediate Back Pack's accountability to donors: Back Pack provides reports on programme activities and outcomes to intermediary partners; the latter compile information from different implementing partners into broader-spectrum reports for their respective government aid agencies. And through monitoring of implementing partners' work, they ensure the latter's – and their own – accountability to donors. Through the system of multi-tiered partnerships, intermediary partners thus enable local partners to access international support and contribute to fitting the 'messiness' of aid on the ground into frameworks required by donors. And as described below, multi-tiered systems and the brokerage networks these involve can also play a role in producing and promoting certain representations of aid over others (Mosse 2005b; Mosse and Lewis 2006) – in some cases resulting in a type of 'anti-politics machine' (Ferguson 1990).

As already mentioned in Chapter 3, Burma Relief Centre (BRC) has provided extensive support to Back Pack since the organisation's foundation. The leaders refer to BRC as their first donor and explain that BRC's vision to "empower the local people" led to a natural partnership, while its assistance in dealing with back-donors and other international actors adds to their credibility. BRC has played a key role in securing back-donor funding since Back Pack's creation. When I began fieldwork, BRC still channelled over 60 per cent of funding from major donors and brokered relationships with and accountability to these donors. Back Pack leaders also see BRC as facilitating collaboration with groups working in diverse ethnic areas and sectors. Back Pack's expansion into Chin communities in Western Burma, for example, was mediated by BRC, which had worked with Chin medics for a number of years and introduced the latter to Back Pack's leaders. As illustrated below, BRC also assists in obtaining funding from new donors, advocating for cross-border aid, and fitting Back Pack's functioning into the formats required by an evolving aid industry.

Other partners like GHAP and International Rescue Committee (IRC) assist the development of rigorous evidence-based health programmes. As described in Chapter 3, GHAP staff and academics from Johns Hopkins provided Back Pack with the tools and framework for the 2004 health and human rights survey, which resulted in *Chronic Emergency* – the first population-based study to statistically correlate human rights abuses in Burma to health outcomes. During my fieldwork, I observed many examples of GHAP and Back Pack staff collaborating to adapt public health models to medics' work contexts. GHAP staff regularly train Back Pack medics in public health models and methods. In 2010, they provided support for a programme Impact Assessment Survey, working with Back Pack to adapt survey techniques to a context with conflict, mobile populations, and other complexities. The same year, GHAP supported Back Pack and other groups with a second health and human rights survey; the results again demonstrated many statistically significant correlations between abuses and negative health outcomes and were internationally disseminated through the *Diagnosis Critical* report (BPHWT 2010). GHAP also continually assists Back Pack's Health Information Systems team, guiding staff members in systematising the processing and analysis of data from the field, which is then used to plan, monitor and evaluate Back Pack's health programmes.

As well as enabling Back Pack to assess and improve its programmes, collaboration with GHAP enables the collation and dissemination of data from areas inaccessible to international agencies. Many donors and other international actors describe Back Pack's resulting body of information as highly sophisticated and credible; the symbolic capital this data represents also provides the basis for the evidence-based programming increasingly required by the international aid industry (Gross-Stein 2008; Jordan and van Tuijl 2006; Terry 2002). As GHAP's Field Director explained:

"Because they're a very high profile organisation, for them to have high quality data to share with people and to utilise is more important, because they are very visible. [...] Too many NGOs in the world operate heuristically: "Oh, it seems to be working, so we'll just keep doing this and well, you know, we're trying to do good so surely what we're doing is fine." [...] But for an organisation like Back Pack, working in tough conditions, to say "We are going to look at the data and we are going to use that to make decisions" speaks to their ability, speaks to their

credibility; it speaks to the quality of what they're trying to do.”

As described in Chapter 3, the health and human rights discourse in which Back Pack's work came to be framed through collaboration with GHAP and Johns Hopkins also provides a powerful, evidence-based and credible platform for the promotion of a particular 'motivated truth' (Redfield 2006). As Back Pack's Director explained,

“Through GHAP, Back Pack chose to follow the perspective that can be accepted by the international community. They not only help make our work become systematic but also try to gain international credibility”.

Whereas GHAP assists with public health models and frameworks, organisations like International Rescue Committee (IRC) and Shoklo Malaria Research Unit (SMRU)¹⁵⁷ provide support for medical skills and knowledge. In 2010, to improve and standardise the often-disparate knowledge and skills of medics trained through different systems, Back Pack started three-month Senior Medic Refresher Courses. Medical doctors working with IRC, SMRU and Mae Tao Clinic led trainings for senior medics. Back Pack's Director and former Medical Care Programme Coordinator again highlighted international credibility as well as technical competence as benefits of such collaboration:

“The SHIELD¹⁵⁸ project's doctor group supports the medics' techniques, skills and ability. [...] Although I attended other refresher courses in my past twenty years of working, I didn't attend this kind of senior medic training during that time. Medicine work always needs refresher courses. Since we became medics, we don't have good basic knowledge, so this kind of refresher course is good. [...] Next, what benefit we get from SMRU is that SMRU is an international organisation that does work related to malaria. They worry that drug resistance to malaria medicine will happen globally. So they come to teach us what we really need and our

¹⁵⁷ SMRU was established in 1986 in Shoklo, one of the former temporary shelters for displaced persons on the Thai-Burma border. It is a field station of the faculty of Tropical Medicine, Mahidol University (Bangkok), and is part of the Mahidol-Oxford Research Unit supported by the Wellcome Trust (UK). <http://www.shoklo-unit.com/About/index.php> – last accessed 13 July 2012.

¹⁵⁸ Funded by the US Agency for International Development (USAID), the five-year Support to Health, Institution Building, Education, and Leadership in Policy Dialogue (SHIELD) Project was jointly implemented by IRC and World Education/Consortium (WE/C). Since 2007, Back Pack has received USAID funding through SHIELD.

organisation's work in treating malaria has become systematic, but also we also get credibility. We got this because this organisation gives recommendation for us."

Intermediary partners have also contributed to Back Pack's institutional development. Over time, Back Pack's management systems evolved to coordinate growing programmes and to cope with the requirements of donor funding. At an organisational level, this is obvious through progressively bureaucratised systems, increasing office staff, and ever more time spent on management tasks. At an individual level, it is obvious in the young accountant who spends countless days sitting on the floor of the office, sorting through piles of receipts that are brought back by field workers and that need to be cross-checked before expenses can be logged into the accounting system IRC has trained her to use and then verified in that year's audits. But there are also less obvious indicators of Back Pack's evolving institutionalisation, and of sometimes divergent interpretations of how a humanitarian organisation should work.

As illustrated in the discussion of Back Pack's organisational ideology in Chapter 4, older leaders often explain that commitment should not be defined in monetary terms and that an individual dedicated to the duty to serve the community is never useless, without there having to be strictly defined roles or responsibilities. Some NGO partners, in contrast, see clearly defined job descriptions and remuneration as key to organisational effectiveness, and implicitly or explicitly promote a definition of humanitarianism described by analysts as more professionalised and akin to a business model (e.g. Collowald 2002; Le Naëlou and Freyss 2004; Pandolfi 2002; Terry 2002). One NGO partner who pushed for systematised management processes, including staff job descriptions, explained that this had initially met with resistance, as it was seen as "destroying volunteerism". Over time, collaboration with such partners did lead to more emphasis on systematised management processes, and staff roles and responsibilities became more clearly defined.

In the early 2000s, Back Pack also introduced stipends, which the leaders recognise as important for staff and medics to support themselves and their families. But stipends can also be read as a compromise between the volunteerism promoted by older leaders and the professionalism encouraged by some NGO partners: staff receive remuneration but the leaders explain this as calculated on the basis of need, not position; and the type

of commitment promoted by older leaders, as described in Chapter 4, highlights continued emphasis on an ideology of volunteerism. This type of ideology can be found in other humanitarian NGOs¹⁵⁹ (e.g. Redfield 2012), but in Back Pack's case it is also linked to the leaders' interpretation of their work as part of a wider politico-moral responsibility, itself linked to the struggle for the rights and freedoms of Burma's ethnic minorities. The values that these leaders try to institutionalise within their organisation are again highlighted as they encounter obstacles in their realisation and/or as they interact with partners who have sometimes divergent interpretations of how an organisation labelled as 'humanitarian' should work (Atlani-Duault 2005; Verna 2007).

From 2007 onwards, as part of its sub-grant, IRC provided increasingly tailored training in programme management, accounting, monitoring and evaluation, and other skills. Added to the assistance from GHAP and BRC, IRC's support aims to develop the capacities necessary for a growing organisation, for which increased donor funding also means an ever-growing management and administrative burden. This support enhances the skills and knowledge of individuals in the organisation; but Back Pack's management recognises that there are still major capacity gaps in terms of dealing with the requirements of the international aid industry. As one leader said to an NGO partner, "We have grown up as an organisation but we cannot walk alone". And as another NGO partner told me, "Donors often have much higher expectations than what the partners on the ground can actually deliver". Back Pack members at times also speak of intermediary partners as keeping a useful distance between themselves and donors who – as one of the accountants put it – "are the most difficult part of the job". Intermediary NGOs therefore also protect local organisations from excessive bureaucracy and pressure from donors. Back Pack thus continues to draw on intermediary partners to access funding and respond to donor requirements; and to an extent, benefits derived from these partners in dealing with donors and their frameworks mean that there is little to be gained in eliminating those partnerships, even when concerted effort is made to provide local staff with the management and administrative skills to "walk alone".

¹⁵⁹ Peter Redfield has notably analysed the ideology of 'volunteerism' – and the ethical dilemmas and fundamental inequalities that it can reveal when applied across unequal economies – that is promoted within Médecins Sans Frontières, and that is deemed to be linked with the humanitarian sense of a moral commitment (Redfield 2012).

As they sought increasing funding in an ever more competitive and stringent aid market, Back Pack's leaders nevertheless became more adept and strategic in dealing with donors. In 2007, leaders from Mae Tao Clinic, Back Pack and Burma Medical Association¹⁶⁰ initiated Donor Coordination Meetings, to which they invite major donors and intermediary partners. Dr Cynthia explained of these meetings that, "if you work alone, sometimes you also have a lot of pressure from different donors." The Donor Coordination Meetings enable the groups to present a united front and to be more effective in balancing donor requirements with their own concerns and limitations. Donors themselves recognise the effectiveness of this strategy, with one noting:

"This is very smart on their part – because you can see, for example at the Mae Tao donor meeting, how the donors become competitive and it creates rivalry so that the donors become more flexible."

The March 2010 Donor Coordination meeting I attended was the third such gathering and included presentations on programmes and management processes, followed by discussions between the management of the three organisations, donors and intermediary partners. Donors and NGOs provided advice to Back Pack's leaders in managing criticisms of cross-border aid – for example, agreeing to support an external evaluation of Back Pack's activities to address criticisms that cross-border aid cannot be adequately evaluated. Back Pack's leaders attempted to convince donors that did not yet provide core funding to start doing so, meaning that funds from different sources would feed into a general 'pot' to finance all Back Pack's programme and management costs. Core funding reduces the management's administrative burden; but it also reflects Back Pack's aim to develop sustainable health systems rather than providing emergency relief through a project-based model. So while Back Pack accesses international humanitarian aid funding, it does so to support a model of sustainable community-level capacity development. And with donor funding meaning more than just money for Back Pack's leaders, core funding is also an indicator of donor support for the organisation as a

¹⁶⁰ Burma Medical Association (BMA) was founded in Karen State in June 1991 by a group of medical professionals from Burma. It serves as a leading body in the coordination of public health policy and promotion of health care among refugees, migrants, and internally displaced persons from Burma. Staff from BMA work closely with Mae Tao Clinic, Back Pack and ethnic health organisations, and BMA is notably charged with taking the lead in coordination and standardisation of health curricula. <http://www.bmahealth.org/2011/07/18/capacity-building/> – last accessed 19 October 2012.

whole, not just aspects of its work.

At the meeting in 2010, Back Pack's leaders were told that USAID would not support core funding; but other major donors were already providing multi-year core funding. Many saw this as indicative of the extent to which, as one observer put it, "donors answer to Back Pack, not the other way around." This interpretation, however, is too simplistic. On the one hand, as described below, Back Pack's success in obtaining donor funding can compel the organisation to demonstrate that it fits into donors' definitions of humanitarianism and how it should work. And on the other, and as also discussed below, support for cross-border aid was historically influenced by donors' political agendas and geostrategic concerns – with Back Pack providing an avenue for a particular type of action by donors within a wider system of 'humanitarian government', and thereby succeeding in obtaining core funding.

Back Pack's local-global partnerships thus have a number of outcomes. As described in the 2008 publication, partnerships enable financial, political and technical support to be channelled via the Mae Sot office to medics in Burma. But international partnerships also contribute to systematising Back Pack's management systems, enabling the leaders to run more effective programmes and to better manage the stipulations of donor funding. This in turn contributes to the institutionalisation of Back Pack, which over time acquired more characteristics of an internationally-funded NGO, albeit one functioning in the 'legal-illegal' – or, drawing on Abraham and van Schendel's framework and as argued below, an organisation that is defined as illegal by the Burmese state but that came to be endorsed as licit through international support, in large part because donors considered the Burmese state to be illegitimate (Abraham and van Schendel 2005).

Partly as a result of its own success in applying for and obtaining international funding designated for humanitarian programmes, what started out as an ad hoc response by individuals linked to activist movements thus became institutionalised as a humanitarian organisation. Partnerships that were in Back Pack's early days largely based on interpersonal and socio-political connections were increasingly systematised. Within these systems, intermediary partners continue to play a key brokering role (Mosse and Lewis

2006), providing Back Pack with the language, frameworks and networks necessary to secure international funding and political support; and at the international level, they contribute to enhancing Back Pack's credibility and legitimacy as a humanitarian actor implementing necessary, evidence-based and effective health programmes.

B. Donor funding and international legitimacy

In making decisions about where to direct funding, donor governments are influenced by factors beyond just humanitarian needs. Among these are frameworks like the Millennium Development Goals, within which agencies like the UK's Department for Foreign International Development (DfID) determine where and how to – as a DfID representative put it – “get the most bang for our buck”. But overstating the influence of such frameworks can conceal the extent to which government aid agencies – and some government aid agencies more than others – are bound by (geo)political and policy constraints, and humanitarian aid often becomes a political tool (De Waal 1994; 1997; Fassin 2012; Rieff 2002; Saillant 2007; Terry 2002).

1. The politics of donor funding

“The support for cross-border aid at the end of the day is a political decision. [...] So if you don't want to fund, it that's fine; if you have an issue with it, that's fine; but don't say it's a humanitarian problem. And just agree with the fact that this is a political disagreement.” [*Humanitarian Donor Coordinator*]

A government's aid to Burma has historically been framed by its foreign policy towards the once-pariah state, as well as assessments of humanitarian space and structural impediments to aid (Duffield 2008). In interviews, donors often commented on the complexity of a context where they could not even agree on what to call the country, let alone how to provide aid to its people. In the lead up to and aftermath of Burma's elections, donors became increasingly polarised, to the extent that a Humanitarian Donor Coordinator – appointed to mediate often heated discussions between donors and attempt to identify durable solutions for displaced Burmese civilians – explained:

“Now I can't even get the group to agree on an analysis of the situation. [...] Some donors are saying, well, there is no conflict at all, it's all in our heads, and the day

we stop funding the camps and without cross-border [aid], everything's fine. On the other side, you've got donors who are saying it's fire and brimstone and the country's about to collapse!"

As described in Chapter 2, from the 1990s onwards, donor countries including Norway, Denmark and Canada funded cross-border aid to Burma. The US started funding cross-border groups in 2006. The same year, the UK conducted a parliamentary review of its Burma programme, subsequently allowing funding for cross-border aid. Donors tended to justify support for cross-border aid as a pragmatic solution where communities in need were denied aid by government restrictions on access. But they were also influenced by political and geopolitical considerations. For example, after the junta's crackdown on the 1988 demonstrations, Canada suspended bilateral aid and implemented sanctions against the regime; starting in 1991, CIDA provided aid to Burmese refugees and migrants through organisations based in border countries; pressure from groups like BRC, Inter Pares and the newly-formed Canadian Friends of Burma contributed to Canada funding cross-border aid, as a way to foster civil society and assist Burmese communities without bolstering a regime considered illegitimate.

After 2006, the US took over as the largest donor for cross-border aid. USAID representatives I met explained that lobby groups and organisations like the Thailand-Burma Border Consortium had significant influence "on the hill", contributing to Congress' decision to earmark USD 4 million a year for cross-border aid. Although based on humanitarian need, USAID funding for cross-border groups was also political:

"We are here to help reach US Government objectives. For Burma, the objective is to promote democracy and good governance. USAID works in tandem and with the policy space created by the hill. We have to work within what is set out by Congress, with the reality on the ground, and with USAID's rules and regulations – we work within the space that is left after all these constraints are in place. For Burma, there has always been a lot of scrutiny that the government will not take the money provided for humanitarian assistance. Eastern Burma is different. People like Dr Cynthia and Saya Poe Say, the leaders and agents of change on the border, they come from a political background and from the opposition – they have goals of promoting human rights and democracy. They are not going to throw bunches of money at the government! So there is a greater degree of trust." [*USAID Burma*

Historically, some Western donor countries like the US had also implicitly supported the struggle of armed ethnic nationalist groups – particularly the KNU/KNLA – as legitimate resistance groups and agents of political change (South, et al. 2010). These actors, which often provide protection to cross-border groups, were therefore attributed politico-moral legitimacy at the international level (Abraham and van Schendel 2005). But as the political situation in Burma changed and the wider geopolitical landscape evolved, attributions of legitimacy also shifted. By the time of my fieldwork, ethnic nationalist groups resisting the regime had lost much territorial and political control. Researchers with growing influence in donor and diplomatic circles questioned the legitimacy and representativeness of ethnic nationalist groups like the KNU/KNLA (South 2011; South, et al. 2010). And Western donor countries increasingly saw the government of a resource-rich and geopolitically strategic Burma as more palatable, as it made demonstrations of incremental change (Haacke 2012). In this evolving context, political factors that had historically influenced government aid programmes in turn made it easy for critics to dismiss this support. The Regional Director of the European Community Humanitarian aid Office (ECHO), one of the staunchest opponents of cross-border aid, was therefore able to position himself as apolitical when he told me that donors funding cross-border aid were “blurring their humanitarian and political mandates” in bowing to pressure from lobby groups or “thinking that having a rebel group there might be useful in the future”.

Following Cyclone Nargis in 2008, claims made by the likes of ECHO’s Regional Director – that cross-border aid “had a purpose in the past but it is not viable or sustainable in the future; there have now been changes and new developments, and we should look to alternative approaches, ones that are legal and enable better monitoring” – had already gained traction in donor circles. As outlined in Chapter 2, the post-Nargis period was said to have demonstrated the viability of providing aid via state-sanctioned mechanisms. Major donors like the US, UK, Australia and EU began increasing aid into Burma. But again, (geo)political considerations were also at play: post-Nargis aid to Burma was also a means to engage a potentially changing regime within a wider context of a shifting global balance of power. By the time of my fieldwork, donor governments were hoping that the 2010 elections would initiate change in Burma and balancing

pressure from lobby groups with efforts to counterbalance China's growing influence in the region (Haacke 2012; Thant Myint U 2012). Donor uncertainties and concerns that support for groups seen as linked with 'rebels' might damage programmes inside – and their diplomatic efforts – translated into sometimes confusing attitudes towards actors on the Thai-Burma border. So while some members of cross-border groups joked about initially being told to stick labels proclaiming "From the American people" on any piece of equipment bought with USAID funds, they were bemused when later told that they should not advertise the fact that they receive US support via IRC.

Donors are also influenced by assessments of humanitarian need and access, typically undertaken by organisations working officially inside the country. Supporters and opponents of cross-border aid alike often cite a 2008 report by an Australian researcher, Richard Horsey¹⁶¹. The report identifies Back Pack as the largest supporter of cross-border health programmes in south-eastern Burma – and Back Pack's leaders interpreted many of its criticisms as targeting their organisation. The report notably highlights links that groups referred to as Community-Based Organisations have with parties to the conflict, questioning them as less representative of communities than of political elites of armed groups. As such, and given that cross-border aid relies on armed groups for security and logistical support, caution is recommended when funding these groups. However, the report justifies cross-border aid as essential for reaching vulnerable populations in unstable areas, due to government restrictions on access by aid organisations working legally inside Burma. Horsey also argues that the operational environment justifies cooperation with non-state armed groups, as long as risk mitigation strategies accompany support for cross-border aid. Consequently, many donors and INGO staff I spoke to cited this report as justifying support for cross-border aid. But since it was also used to back up the anti-cross-border position, many people I worked with on the border consider it to have done considerable damage to their cause.

¹⁶¹ This report was a UNOCHA *Review of Humanitarian Assistance to Vulnerable Populations in South-East Myanmar*. Although supposedly confidential and not for public circulation, the report had been widely leaked by the time of my fieldwork and its contents were known to most stakeholders since it had become central to the debate around cross-border aid. As such, the contents were shared with me by a multitude of donors, NGOs, activist groups, as well as members of organisations on the Thai-Burma border that I worked with during my fieldwork.

A second report, which became central to the cross-border aid debate during my fieldwork, was co-authored by another Australian researcher, Ashley South (South, et al. 2010). The report assesses the impact of actors in Karen State, including cross-border groups, on community-level self-protection mechanisms. South and colleagues argue that while some cross-border groups demonstrate relative independence from non-state armed actors, others “are more accurately described as the humanitarian wings of armed organisations” (*ibid*: 40-41). The authors go on to argue in general terms that, as most donors require grantees to be at least formally neutral,

A ‘legal fiction’ is therefore maintained, according to which cross-border aid agencies are framed as separate to conflict actors, although in practice their activities support armed opposition groups. This is not to argue that cross-border assistance materially supports the armed opposition. Indeed, most local agencies have developed impressive monitoring and evaluation capabilities, and there is very little ‘aid leakage’ (i.e. armed groups rarely receive direct material support from cross-border aid agencies). Rather, the delivery of large-scale relief assistance to IDPs, through the humanitarian wings of armed ethnic groups, risks serving to legitimise the latter in the perception of recipients (*ibid*: 41).

While I was in Burma in May 2010, a friend introduced me over dinner to acquaintances working in the Rangoon offices of three major donors. I explained that I was working on the Thai-Burma border, whereupon all three launched into a surprisingly emotive attack on my presumed political stance. Echoing the report, which South had presented to donors in Rangoon that week, one declared:

“This is why [we] cannot support cross-border aid: because we don’t know where the money goes and in fact it ends up supporting or at least legitimising insurgent groups”.

The conclusion that they and many others drew was: all cross-border groups consist of what South et al. describe as “welfare wings of armed ethnic groups” (*ibid*: 65) – specifically of the KNU/KNLA; although no evidence of this was provided in the report, villagers are then said to perceive aid as coming from armed groups; cross-border aid thus legitimises these groups at the community level and feeds into the dynamics of a conflict that would otherwise not have popular support.

The argument that some donors derived from the report – which the Donor Coordinator referred to in the quote above – was: without cross-border aid (and without refugee camps in Thailand, which were by then often seen, as one donor put it, as “recruiting grounds for the KNU”), the KNU/KNLA cannot perpetuate conflict; cutting this support will end conflict, abuses and displacement in border areas; the state will allow humanitarian access from ‘inside’; and conditions for communities will improve. This argument has a number of flaws, particularly in ignoring the extent to which abuses and conflict in contested areas – such as much of Karen State – were historically driven by the junta’s attempts to extend predatory control over economically useful populations and areas (Callahan 2003). It also suggests an ethically questionable approach, whereby communities are to be denied humanitarian assistance in the short term in the hope that this will help resolve conflict in the longer term – and can therefore be contrary to the ethic of humanitarianism, with people being used as pawns in conflict management (Curtis 2001). The possibility that Karen communities perceive cross-border aid as coming from the KNU/KNLA and that this legitimises the armed group is also not substantiated and would require in-depth research with beneficiary communities.

The common generalisation of cross-border aid, which was often derived from this report, as being implemented through “welfare wings of armed ethnic groups” also glosses over a more subtle and complex reality (*ibid*: 65). As described for Back Pack’s case in Chapter 5, cross-border aid functions through cooperation with and often under the protection of ethnic nationalist groups, including ceasefire as well as resistance groups. While aid is delivered by medics recruited from socio-political systems in border areas – including, at times, military medical wings of ethnic nationalist groups – depicting all cross-border groups as welfare wings of armed groups is misleading and ignores the multiple ways through which aid is channelled to communities. It also downplays the extent to which groups like Back Pack can and do maintain managerial independence from ethnic nationalist groups. Particularly important here, however, is the extent to which interpretations of the report reflect and fed into a shifting politics of aid in a changing (geo)political context.

Differences and disagreements between donors highlight evolving politics and priorities in a changing context, as well as potential tensions and hypocrisies in the aid industry

more generally. Back Pack's efforts to secure donor funding also expose the meaning of this support for actors on the ground. And the often emotive and polarised reactions to researchers' analyses – as well as attitudes to my own position as an Australian researcher working with a cross-border group – draw attention to what is at stake in an evolving politics of aid. In the Burmese context, the aid debate is linked with decades-long conflict over the legitimacy of different political and armed actors (Duffield 2008). South et al.'s report provoked a backlash by leaders of cross-border groups and their partners, who rightly feared that donors would use it as academic justification to not fund and even phase out cross-border aid. But the report is also reflective of and fed into an evolving politics of aid, in which the attribution of legitimacies was shifting and cross-border groups risked losing more than just money: the political and moral worldviews of people who have dedicated their lives to what they describe as serving their communities were increasingly called into question. So it was that, several days after South presented his research to groups on the border, one of the leaders marched up to me and told me that if I was going to work with Back Pack, I had to take sides¹⁶²:

“In this situation, you cannot be neutral. You cannot sit on the fence between good and bad. [...] We are not a service provider, we are the victims, we are suffering, we cannot be neutral. If people are coming to harm you and beat you, you cannot be neutral. As an organisation, we don't come from the sky.”

2. Donor funding as legitimacy

By the time of my fieldwork, Back Pack received funding from the government donor agencies mentioned above, as well as being supported by a Dutch NGO, foundations like the Open Society Institute, and private donors. But while the leaders speak of non-government donors as providing valuable support, their actions highlight the value they accord to funding from governments – and from some more than others. In early 2010, a representative of a European NGO heard Back Pack's leaders complaining of a funding shortfall for much-needed medicines and offered to fill the gap with private

¹⁶² As described in the methodology section of Chapter 2, reactions to my research and changing attitudes to my position within Back Pack were reflective of the shifting social and political terrain of humanitarianism (Markowitz 2001), and of a continuing polarisation of discourses concerning aid to Burma (Duffield 2008).

donations; the NGO promised further support from its government aid agency, as the latter had “always supported the democratic opposition” and had a “good attitude to support cross-border aid”. But while the subsequent donation was significant, funding from a small European country does not have the same clout as support from more powerful donors. As one intermediary partner explained,

“when AusAid or USAID or someone like that decides to recognise that these groups are legitimate and that they are serving a purpose here and providing services that other groups cannot, then it’s really powerful; it’s more powerful than just being able to continue doing the programmes because you’ve raised enough money through different avenues”.

The meaning of donor funding for Back Pack’s leaders became ever clearer to me, from my first day of fieldwork when Poe Say explained:

“What is important is not only that we get money, but that we get international recognition. So we get money from USAID and CIDA, which is important for the funding of the programmes but also because we want to show the need and the reality of the IDP situation. We need capacity therefore not only in order to get the funding but also to get the international recognition. So we applied now to APHEDA – to get funding but also to be better recognised at the international level.”

In early 2010, there was uncertainty around Canada renewing funding; Denmark reduced funds to Back Pack by twenty per cent; and Norway was late in renewing support. ECHO and AusAID still refused to fund cross-border aid; and although the UK had changed policy, DfID had rejected a first concept proposal by Back Pack and still only provided limited funding to cross-border aid. Back Pack leaders and partners interpreted donors as hoping that Burma’s elections would initiate political change, resolve conflict, and lead to greater access via organisations working legally inside. They, instead, believed that the elections would lead to increased conflict and abuses. With money for refugee and cross-border aid feared to be declining, they wanted to tap into the increased funding going into Burma. Funding from DfID – which was doubling aid to Burma – in particular would be, one partner said, “ground-breaking because Back Pack would be accessing money from Burma and showing that it is part of Burma”:

other donors provided funding earmarked for cross-border aid or refugees in Thailand; but with DfID, Back Pack was applying for money designated for health programmes within Burma. DfID funding would prove that Back Pack was “on the map”.

Table 2: Funding sought from new donor governments 2009-2011

Country	Government aid agency	NGO Intermediary partner(s)		Implementing partner
UK	Department for Foreign International Development (DfID)	NGO ¹⁶³	Burma Relief Centre (BRC)	Back Pack Health Worker Team (BPHWT)
Australia	Australian Agency for International Development (AusAID)	APHEDA	Burma Relief Centre (BRC)	

During my fieldwork, Back Pack leaders and partners from BRC and GHAP worked tirelessly on proposals, responding to criticisms of cross-border aid and lobbying for DfID and AusAID funding (Table 2). BRC mediated between Back Pack and the intermediary NGO applying for DfID funding, as actors involved attempted to fit Back Pack’s functioning into DfID’s formats. At the end of 2011, DfID finally began funding Back Pack along with two civil society groups in Burma – DfID’s emphasis being, as described in Chapter 7, on convergence between cross-border groups and groups working officially inside Burma. DfID staff I met explained funding for Back Pack on the basis of humanitarian need and access, as well as the “footprint” DfID could leave in terms of global health goals; but they also emphasised the influence of lobby groups on the UK’s change of policy in 2006, and on acceptance of Back Pack’s proposal.

¹⁶³ The DfID proposal was for funding to go to Back Pack as well as two civil society groups operating inside Burma, as part of an emphasis on building trust and convergence between cross-border groups and groups working officially inside Burma. DfID funding was to be channelled via an NGO that has worked for a long time inside Burma. Staff of the NGO in question did not want their organisation named, for fear of having their position in Burma threatened if the government were to know that they support a cross-border group seen to be aligned with ‘rebel’ movements.

In contrast, the Australian government remained unswayed by concerted lobbying from Back Pack and partners. A lobby trip to Australia in 2009 and continued pressure by APHEDA and Burma Campaign Australia were followed by the proposal, which Poe Say asked me to write on my first day. AusAID rejected the proposal, on the basis that it went against government policy. In May 2011, Foreign Minister Kevin Rudd called for a review of aid to Burma; coupled with AusAID's 2011 Interim Strategy report – which recognised humanitarian needs of and lack of access to civilians in disputed border areas (AusAID 2010) – this prompted scaled-up advocacy by groups on the border. Back Pack worked with APHEDA and BRC to submit another proposal. But as APHEDA's Thai-Burma Border Project Officer explained,

“Since this is talking about a policy change that is actually about border relations – international relations – this is not really an aid decision but a DfAT [*i.e. Department of Foreign Affairs and Trade*] decision”.

When I met her in mid-2011, AusAID's First Secretary for Development Cooperation explained that, first, cross-border aid violates sovereignty and (more importantly) Australia has to protect its political and economic position within ASEAN; second, Australia has a duty of care and the government is loath to support programmes that put aid workers at risk; and third, “we don't know where the aid is going and who delivers the aid, in a situation where there are combatants amidst civilians and in a context of ongoing armed conflict”. Comparing Australia's decision to the UK's, she continued,

“the UK is much further away from Burma than we are – we are much more involved in the stability of the region... and also – and I don't mean to criticise them and I am sure that they would admit so themselves – the UK government is much more driven by the Burma lobby groups.”

Considerations of legitimacy, political pressures and geostrategic concerns are again pivotal to government funding decisions. By seeking funding from donors for systems of aid provision, which as described in Chapter 5 are seen by the Burmese state as illegal and part of ‘insurgent’ networks, Back Pack's leaders are promoting the legitimacy of the systems they work with and through. This legitimacy is posited as trumping illegality, particularly since the Burmese state is seen as illegitimate (Abraham and van Schendel 2005). So while the leaders claim “we need to be recognised as legal

by the Burmese government”, in the same breath they say “but the government itself is illegal”. Drawing on discourses of human rights, humanitarianism and their own right as victims of the regime to help their communities, the leaders thus promote alternatives to a framework of state sovereignty.

Supporters of groups like Back Pack often explain that they are working in a context in which the state’s illegitimacy and violations of human rights justify an approach that would otherwise be considered illegal. But while Back Pack puts forward an alternative moral and political framework to that of sovereignty, the leaders and their partners do so by drawing on tools lodged in this very framework and by appealing to support from donor countries, which continue to function in a world of sovereign nation-states. As discussed in Chapter 1, there are precedents of donors supporting humanitarian interventions in violation of sovereignty; international frameworks such as the Responsibility to Protect potentially give legal backing to such acts; but the implementation of these frameworks remains lodged within and dependent on the (geo)politics of a system of sovereign states and on attributions of legitimacy by those states to such interventions (Chandler 2007; Rieff 2002). As donors look to changes in Burma and the wider region, the position of a government like Australia, which has significant interest in safeguarding diplomatic relationships with ASEAN member states, thus does little to encourage support for cross-border aid – as long as the systems that enable cross-border aid to function are labelled as illegal by the Burmese state.

In a changing (geo)political landscape, cross-border groups were increasingly argued to be defending “political agendas that hold onto the past”, as ECHO’s Regional Director put it. Cross-border groups are commonly misrepresented, as one INGO partner explained, as “groups that sort of scurry across the border and drop off medicine and run back to safety on this side”, while Back Pack’s medics in fact live and work in their communities inside Burma. But these medics aren’t the ones speaking to donors and other outsiders. Instead, the leaders who are the public face of Back Pack spend much of the year in Mae Sot and belong to an older generation with links to democracy activism and ethnic nationalist groups. This feeds into a misconception of cross-border groups as comprised uniquely of ageing exiles disconnected from changes inside Burma since 1988. Back Pack’s links with overseas campaign groups, while having a number

of benefits, also have drawbacks within the evolving politics of aid. Indeed, lobby groups such as Burma Campaign UK or Burma Campaign Australia have attracted increasing criticism in recent years for what are seen as unchanging hard-line positions – for example, continuing to lobby for international sanctions against the regime (Duffield 2008). Through associations with these types of groups and the so-called exile movement more generally, Back Pack and partners have thus developed a reputation in some circles as “stuck in the past”.

These factors make it easy for some critics to posit themselves as reformers, who – unlike cross-border groups, they argue – are looking for real and sustainable solutions to the wellbeing of Burmese communities. To the extent that there is truth to cross-border groups “holding on to the past”, it is because they comprise individuals whose understandings of the past, present and future are framed by embodied histories of state violence (Fassin 2007; 2008). And it is within this moral and political framework that donor funding means more than just money. Field workers I met generally knew little about Back Pack’s funding, beyond the fact that it comes from foreign countries; but they often spoke of it as proof that, although they are illegals in the eyes of the Burmese state, the outside world has not forgotten them. When one young Karenni medic told me “[w]hat I know is that the state doesn’t recognise Back Pack, but it is recognised by foreigners”, he was in his own way echoing the meaning given by the leaders to international government funding. The latter is translated as international legitimacy for Back Pack and its vision of and for the world.

3. Dilemmas of legitimacy for a humanitarian struggle

a. Technical terms for a political debate

In October 2011, I met USAID’s Burma Programme Manager in Bangkok. She had visited Back Pack several times during my fieldwork but I had never seen USAID’s office and was struck by the contrast between the donor’s sleek, modern workplace and Back Pack’s ramshackle compound. The Programme Manager commented on the incongruity of the setting as we sat down to discuss US aid to Burma. Later, becoming animated, she placed her glass in front of her and said:

“We buy into these CBOs’ work as partners because they do great work. But sometimes we are so demanding that they break. It’s like we have this cup and we fill it and we fill it and eventually it breaks because we haven’t recognised that there are absorptive capacity issues or that the cup won’t hold that much... [...] First, we as donors need to be thoughtful and honest about what we can and can’t fund. And second, we need to be specific about what kind of data we need – and about the politicised and policy nature of donor money. [...] If we want more and better monitoring, we need to be honest with them about what we want them to achieve, and we need to ask: is their mandate appropriate to what we are asking them to do?”

The Programme Manager was referring to increasingly stringent demands by donors for accountability and transparency, which reflect international trends but also need to be understood within the evolving (geo)political context of cross-border aid. Indeed, by the time of my fieldwork, the highly political debate around cross-border aid had led to prioritisation of the ostensibly apolitical issue of monitoring and evaluation (M&E). One of the recurring criticisms of cross-border groups is that their work cannot be adequately monitored or evaluated – and this in turn reflects a ‘politics of truth’ in which no matter what evidence the cross-border groups produce, this is discredited by critics with a diverging agenda (Robben 1995).

With technical support from intermediary partner NGOs, Back Pack has developed sophisticated M&E systems. Internal monitoring is based on the annual logical framework, which specifies “overall goals for each programme, specific objectives for each programme goal, and precise qualitative and quantitative indicators to measure the achievement of these objectives” (BPHWT 2010b: 38). Twice a year, data brought from the field is used to measure activities and outputs against planned objectives. The findings of these and other activities – like regular assessments of health worker skills and knowledge – are included in six-monthly and annual reports to intermediary partners and donors. From February 2007 to February 2008, Back Pack also worked with an external consultant on an Internal Programme Improvement Project (IPIP - BPHWT 2008). IPIP and its successor, the Internal Performance Monitoring Team, enable Back Pack to assess and improve programmes in the field and management processes. In 2010, Back Pack then implemented the Impact Assessment Survey

mentioned above. All these activities enable the assessment and improvement of programme and management processes; they are also essential to Back Pack's demonstrations of accountability and transparency to donors.

Donors funding cross-border aid argue that accountability is ensured through implementing partners' internal systems, tiered partnerships described above, and remote monitoring mechanisms developed for a context inaccessible to foreigners. As USAID's Programme Manager explained, although "we can't follow the groups to monitor their work", "[t]he indicators and the quality information that we get from groups like Back Pack show us that the needs are being responded to". In 2010, USAID initiated an external evaluation of its SHIELD programme, which included Back Pack as a sub-grantee; this concluded that the programme was meeting its goals and led USAID to renew funding. Prior to my fieldwork, two external evaluations of Back Pack's activities had also been conducted, one by Danish Church Aid and one by CIDA, leading both donors to renew funding (Turcot and Munro 2009).

In private, donor and INGO representatives sometimes speculate that a degree of aid 'leakage' can occur in any protracted conflict situation. They also recognise that cross-border groups have to facilitate 'friendships' with Thai military authorities, for example, in order for the system to function. This is accepted, but generally not publicly discussed – and donors who discussed such issues with me tended to do so only off-record:

"In any kind of complex emergency, there is going to be some kind of leakage of aid to non-state armed groups, because they are present in the population and they're part of the make-up of the people you're assisting. And of course, we have to do everything we can to minimise that. But to be honest, I don't think they need us to prolong the conflict. We're not the determining factor in the fact that this conflict has been going on for the past fifty years." [*Donor*]

So for donors that support cross-border aid, a speculated degree of 'aid leakage' is an acceptable (but officially unsaid) side effect of an otherwise legitimate humanitarian approach. Donors like ECHO and AusAID, however, claim that legality and security issues prevent foreigners from accessing border areas to assess how aid is implemented,

rendering independent and reliable assessments of cross-border aid impossible; any potential 'leakage', moreover, is much more likely to be seen as feeding into the political economy of conflict. Partly as a response to such criticisms, Back Pack's leaders at the 2010 Donor Coordination Meeting requested donor support for a joint external evaluation of their programmes. They wanted to reduce the burden of multiple assessments by different donors, and to identify internal weaknesses. But as one INGO partner explained at the meeting:

"Back Pack have internal monitoring systems, which are good and we trust them. But we are dealing with other donors and they don't just trust... so we need an independent system."

Ultimately, however, the findings of this evaluation and of other independent assessments of cross-border groups' monitoring systems¹⁶⁴ did not change the positions of donors opposing cross-border aid. The argument made by one donor I met at the dinner in Rangoon was indicative of how an ostensibly technical debate is framed by political concerns – and by a different attribution of legitimacy, whereby one side's freedom fighter is another's (illegitimate) insurgent:

"Money is given and crosses the border and no one knows where it goes. It can end up being used to buy arms for insurgent groups. As long as I, as a foreigner, cannot go to the areas to which the funding goes, and actually witness for myself where the money is being spent, [we] will not fund it because it means that actual donor monitoring and evaluation cannot take place. [...] What would happen if the [...] public ended up finding out that taxpayers' money was being used to fund armed groups?"

Increased emphasis by donors on accountability and transparency is not unique to cross-border aid or to the Burmese context (e.g. Gross-Stein 2008; Kilby 2011; O'Dwyer and

¹⁶⁴ A consultant conducted the external evaluation of Back Pack's programmes throughout 2010 and 2011. After lengthy consultations with the management, field workers, and community members targeted in Back Pack programmes, the consultant produced a comprehensive assessment of these programmes, which was shared with donors. Meanwhile, consultants were also employed for an external evaluation of the monitoring systems of cross-border programmes supported by key NGOs on the border. This second, wider evaluation concluded that cross-border groups had comparatively sophisticated and reliable remote monitoring systems, and made recommendations for further improvement; details of the evaluation were included in a report to the relevant donors, but because of confidentiality cannot be cited here.

Unerman 2008). The global financial crisis, attempts to rationalise aid systems and an increasingly stringent and competitive ‘aid market’ have contributed to a situation where, as one donor explained,

“in the humanitarian world you’re seeing a trend towards more quote-unquote professional bureaucracy, which means your accountability, paper trail, financial trail, is much more important than it was ten or fifteen years ago”.

In addition, major donors are now theoretically bound to frameworks including the 2003 Principles and Good Practice of Good Humanitarian Donorship, which draw on the Humanitarian Principles of the Red Cross, and enshrine

“neutrality, meaning that humanitarian action must not favour any side in an armed conflict or other dispute where such action is carried out; and independence, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.” [*Objective 2*]¹⁶⁵

This framework creates theoretical homogeneity where, empirically, there has been a multiplication of humanitarian practices at the international level, as well as a “humanitarianisation” of international foreign politics and a parallel politicisation of the nongovernmental humanitarian field (Dauvin and Siméant 2002; De Waal 2007; 2010; Fassin 2012: 224; Leader 1998; Rieff 2002; Saillant 2007). Although frameworks such as the Principles of Good Humanitarian Donorship are supposed to guide practice, the terrain between these and their interpretation and implementation continues to be negotiated by politics (Rieff 2002; Saillant 2007; Weiss 1999). So as will be further discussed in Chapter 7, rather than a unitary set of principles determining humanitarian action, actions – themselves to a large extent guided by (geo)political considerations – determine the principles (and the interpretation of principles) that then frame them.

At the time of my fieldwork, international-level frameworks were being made to trickle down to a context where aid systems had developed, largely unquestioned, for over a

¹⁶⁵ <http://www.goodhumanitariananddonorship.org/gns/principles-good-practice-ghd/overview.aspx> - last accessed 2nd July 2012.

decade. These changes were also taking place in parallel with significant (geo)political shifts, and were used to frame donors' decisions in apolitical and technical terms. Criticisms that cross-border aid could not be adequately monitored or evaluated in fact betray a lack of political support for groups like Back Pack and systems they work with and through. They are framed as a technical concern that cross-border groups cannot prove that they were walking the walk as well as talking the talk of humanitarianism – but what these groups are really being accused of is of not fitting the type of humanitarianism that donors like ECHO are willing to fund in a particular context. ECHO's Regional Director highlighted his position and corresponding attribution of political legitimacy to some socio-political actors rather than others when, after attempting to quiz me about how medics work with the KNLA, he stated that ECHO works only with “agencies that are principled” – those that were “willing to discuss with the government and to work towards peace and reconciliation”. The implication is that groups that work under the protection of non-state actors are by definition not “principled”, nor are they working towards peace and reconciliation. This obviously clashes in fundamental ways with the worldviews of the people I worked with, as well as denying a history of effective humanitarian action in cooperation with such groups.

The search for legitimacy at the international level therefore presents dilemmas for actors on the border. As a result of changes in the aid industry, shifts in the (geo)political landscape, and its drive to obtain powerful donor funding, Back Pack is increasingly compelled to demonstrate that it fits into donors' definitions of what humanitarianism should be how it should work. The paradox is that, by seeking international legitimacy, Back Pack's leaders are opening themselves up to an assessment of whether or not their organisation fits labels that they have not defined and according to criteria that can clash with their politico-moral worldviews (e.g. Gross-Stein 2008; Kilby 2004a; O'Dwyer and Unerman 2008). These labels are defined at a level where the political and affective backdrop of a situation of protracted conflict and violence can be simplified and abstracted, and donors' motives for providing aid are framed in ostensibly apolitical notions of need and technical concerns. Through an evolving politics of aid to Burma and hypocrisies of the aid industry more generally, the myth of apolitical aid thus comes to be imposed onto a local level, which is fundamentally political. In the eyes of some involved, an organisation like Back Pack

has to either adapt or perish:

“As you know, in the past, when they started to leave their country or when they started to establish these organisations, a lot of donors support[ed] them as activists. And then gradually we also changed. We asked for accountability, transparency, and then now I think that this is also transition period for them. “Why in the past you accept our activism?” [...] Because gradually, the funding becomes competitive and then also the way we are working, the world is changing. And then if you cannot catch up with the world, you will be behind. So that’s the signal. So you can stay with activism; you can stay with volunteerism; it’s up to you, it’s your own choice. But for the sake of competitive... to get competitive money, these characteristics are very important.” [*INGO partner*]

b. Partnerships and (de)politicisation

Through systems of tiered partnerships such as those described above, donor frameworks come to be imposed onto local-level organisations receiving funding. But it is also through such tiered systems that that the ‘messiness’ of the ground can be abstracted, so that governments at the top of the chain can receive the evidence they require to demonstrate the effectiveness of their aid, without this being undermined by the politics of local contexts in which aid is implemented. Particularly given the changing (geo)political context, even when donors’ aid programmes are influenced by political factors such as a desire to foster Burmese opposition groups, aid cannot too obviously be seen as political tool. So although USAID representatives I met were open about the historical appeal of cross-border groups in terms of their country’s political agenda, an outsider would be hard-pressed to find public information on USAID funding programmes that might be seen to violate the sovereignty of an ASEAN member state or that work with the protection of groups like the KNLA, which between 2001 and 2008 featured on the US government’s list of Foreign Terrorist Organisations.

This backgrounding¹⁶⁶ of more sensitive issues is linked to the sensitivity of cross-

¹⁶⁶ For Achino-Loeb, ‘backgrounding’ is a political process, which determines what is in the shadows and what can be seen, whose voices are silenced or heard, and which truths come to be perceived as true (Achino-Loeb 2006).

border aid, which as one INGO staff member described is done “with the knowledge of the Thai government, if not their tacit approval”, but has to remain discrete so as not to upset regional and international diplomatic relationships. This tacit approval on the part of Thai authorities – and of local authorities in particular – amounts to an implicit attribution of legitimacy or licitness to systems and flows officially categorised as illegal (Abraham and van Schendel 2005). But the ongoing functioning of these systems and their endorsement by powerful government donors depends on their backgrounding to the realm of the officially unsaid, particularly in a context of growing diplomatic and economic relations between Thailand and Burma, and between Western donor countries and ASEAN member states (Haacke 2012).

Multi-tiered systems can facilitate a trend – reproduced by actors at different levels of such systems – for sensitive issues to be backgrounded, ascribed as part of the responsibility of those lower in the chain, and largely denied by those at the top. In response to my questions about funding aid workers who work under the protection of armed non-state actors, a Foreign Affairs representative of a country supporting cross-border aid laughed nervously and told me that senior government officials probably weren’t considering or really aware of issues involved; he went on to say that this was something he knew about but was unlikely to mention in official communications or reports. Other donor representatives I spoke to similarly referred to their awareness of the ‘messiness’ of aid on the ground and of a reluctance by governments to acknowledge this – since, for example, “on the [*country*] political scene, if it is known that we are sending people into the border areas with large amounts of cash and in the company of armed groups, this will be a cause for concern for the public”¹⁶⁷. And as one member of an NGO explained with regard to a donor government’s attitude to cross-border aid,

“I think the less they know about that, probably the better. If we started talking about non-state armed groups I think they would just panic and run out of the room and that would be it. [There is] this sort of tacit understanding... they know that

¹⁶⁷ This donor was not referring specifically to Back Pack but to other cross-border groups, which distribute cash assistance to communities having been affected by conflict, displacement, crop failure or other shocks to their livelihoods.

they have to be worked with in order to deliver some of this aid, but... there was not a whole lot of extensive discussion about that.”

At each of the levels from aid workers on the ground to the offices of government aid agencies, the ‘messiness’ of a situation of protracted conflict and competing political and armed actors is thus generally abstracted, until aid programmes fit neatly into official reports including depoliticised indicators of reduced mortality and morbidity, and the international-level fiction of apolitical aid can be preserved. Brokers at different levels of such systems often play a role in producing politically acceptable representations of aid (Mosse and Lewis 2006). And thus, in a manner reminiscent of Ferguson’s anti-politics machine, aid is on one level depoliticised, as is the context in which aid is implemented, and powerful actors in an unequal politics of aid can pursue agendas framed in technocratic and largely unobjectionable terms (Ferguson 1990) – while at the same time, international aid remains influenced by (geo)political considerations and, for members of the local organisation, humanitarian action is inseparable from a specific politico-moral vision.

Tensions arising when Back Pack attempts to fit into donors’ definitions of humanitarianism are also linked to a problem of multiple accountabilities. As noted by researchers on accountability in other contexts, obtaining international funding means that Back Pack becomes accountable to donors and no longer just to its constituency as an organisation born of a particular socio-political context (e.g. Crawley 1998; Edwards and Hulme 1995; Kilby 2004a; 2006; 2011). When I asked one leader who Back Pack is accountable to, however, he told me they are accountable to their mother organisations inside Burma and, via these, to local communities. For the leaders, ethnic nationalist organisations are legitimate and representative authorities. The problem that emerged during my fieldwork is that the legitimacy and representativeness of ethnic nationalist groups still opposing the government, in particular the KNU/KNLA, came to be questioned within academic as well as diplomatic and donor circles. The work of researchers influential in donor circles contributed to a generalisation of cross-border groups as “humanitarian wings of armed organisations” (South, et al. 2010: 41). In Back Pack’s case, it also glossed over a more complex reality, where – as described in previous chapters – medics are recruited from socio-political systems in Burma, but these are better understood as para-state systems, some of which have become aligned

with the state while others are branded as illegal because of continued resistance by associated armed groups (Gallant 1999).

Reports criticising cross-border aid also reinforce a common reduction in donor circles of ethnic nationalist organisations to their armed wings. For men and women I worked with, however, groups like the KNU are legitimate government-type systems with their own administrative structures and cannot be reduced to their armed forces. But at the same time as local actors faced significant (geo)political changes, cross-border groups were conceptually reduced to “humanitarian wings of armed organisations” (South, et al. 2010: 41); ethnic nationalist organisations were reduced to their armed forces; and increasing questioning of the legitimacy of former ‘good guys’ clashed in fundamental and often disconcerting ways with the politico-moral worldviews of the medics and their leaders. Resulting cognitive dissonance sometimes provoked understandably emotive reactions. When I asked one senior medic what he thought of claims that cross-border aid feeds into the dynamics of conflict, he responded: “the people who say that are not human beings.”

A side effect of Back Pack’s continued search for international legitimacy at a time of growing criticism of cross-border aid is that people on the ground often become reluctant to discuss what does not fit into donors’ ostensibly apolitical definitions of humanitarianism. While they gradually told me more of their stories as they accepted me into the office, leaders tend not to publicly mention more political aspects of their organisation’s history, with the All-Burma Student’s Democratic Front all but eradicated from the official version of Back Pack’s creation – particularly after the ABSDF was included in the US list of Foreign Terrorist Organisations in 2001¹⁶⁸. During my fieldwork, criticisms that cross-border aid fuels conflict and the leaders’ difficulties in fitting their functioning into international frameworks led to the issue of how medics work on the ground with para-state systems and non-state actors being increasingly backgrounding.

¹⁶⁸ The ABSDF was subsequently removed from the list of Foreign Terrorist Organisations in 2010.

Such backgrounding of systems that local organisations like Back Pack work with and through means that the value of these systems and the extent to which they can be built on in a future Burma comes to be underappreciated. Instead of generating more open discussion about these issues, critical analyses of cross-border aid by foreign researchers – since these reflect and feed into an evolving politics of aid, where cross-border groups went from ‘good guys’ to drivers of conflict – contribute to understandable defensiveness. One donor thus lamented that researchers

“have contributed to an environment in which we can’t have an honest conversation about civil society organisations and para-state organisations. We need to have a conversation that holds to account the civil society organisations in terms of their role within the transition to democracy and building of solidarity [...] Unlike a lot of other protracted emergencies, here we do have organisational capacity and strong civil society. As donors, we can either fracture civil society or we can increase solidarity [...] What is happening now is that we are pitting organisations against each other when in fact they are working within the same sector, in the same country and with the same systems.”

C. Implications of international legitimacy for a humanitarian struggle

Back Pack can be conceptualised as operating within a particular type of ‘humanitarian encounter’ where, as described by Rossi, actors unequally situated within a shifting field of power mobilise different discourses and forms of capital in the pursuit of sometimes conflicting agendas (Rossi 2004; 2006). Within this humanitarian encounter, brokers at different levels play a key role in mediating flows of capital, in determining the success of humanitarian projects, and in producing particular representations of aid (Mosse and Lewis 2006). These representations, in turn, tend to fit into definitions of humanitarianism promoted by more powerful actors. This system can then tend to depoliticise what for those on the ground is a fundamentally political situation. Back Pack’s leaders are then forced into a new struggle – a struggle against the separation of their political and moral vision from the humanitarian discourses and practices through which they seek legitimacy for this vision.

As discussed in Chapter 1, the international aid industry has witnessed the multiplication of frameworks and practices of humanitarianism; and while for advocates of humanitarian intervention like Annan or Kouchner, the meaning of sovereignty may have changed in parallel with the development of frameworks such as the Responsibility to Protect, the mobilisation of such frameworks remains contingent on the political decisions of world powers (Chandler 2007; Rieff 2002; Saillant 2006). Here again, Abraham and van Schendel's analysis of attributions of legitimacy to transnational flows allows for a better understanding of cross-border aid and of the politics of aid more generally (Abraham and van Schendel 2005). Indeed, the mobilisation of principles and frameworks of humanitarianism also depends on the legitimacy that powerful actors in international 'humanitarian government' accord to different humanitarian actions, and on the legitimacy they attribute to the government of a country in which a humanitarian intervention takes place.

So while Back Pack's leaders and their partners defend the legitimacy of their actions – which is in turn linked with an attribution of legitimacy to the systems they work with and through and of illegitimacy to the Burmese state – the licitness of these actions at the international level depends on their endorsement by powerful government donors, with the latter being key players in contemporary international 'humanitarian government' (Fassin 2012; Rieff 2002). Attributions of legitimacy by donors are in turn linked to a number of factors – including donor countries' attempts to promote international peace and development in line with Western liberal democratic values, considerations of a state's respect for the rights of its citizens, but also political and geopolitical concerns (Curtis 2001; De Waal 2007; 2010; Duffield 2001).

Towards the end of my fieldwork, I asked Poe Say whether he thought that Back Pack's work could be described as humanitarian resistance. Chuckling at the question, he told me that it was better to call it a humanitarian struggle,

“[b]ecause we are struggle [for] our freedom, for that... Because political crisis, it means the humanitarian crisis. Some people would like to see, to separate political problem and humanitarian problem. You cannot separate like that.”

Through their humanitarian struggle, Back Pack's leaders are also struggling against the

depoliticisation of their work and of the situation that created the need for their work in the first place. Tensions arise because the leaders seek recognition and legitimacy at an international level, where aid programmes tend to be defined within ostensibly apolitical frameworks. As described in previous chapters, Back Pack's positioning as representative of victims of the Burmese state is key to the ways in which the organisation seeks legitimacy at the international level. But while the leaders seek recognition of a history of suffering, as well as trying to promote a 'motivated truth' that seeks international support for political change in Burma (Redfield 2006), donors more often than not expect technocratic conformity. Internationally funded humanitarian programmes might indeed be framed in a discourse of compassion for victims, but a politics of compassion can simultaneously undermine attempts to secure political recognition of the rights and agendas of those designated as victims (Fassin 2012). So when aid workers who are also victims draw on the resources provided by international humanitarian systems to facilitate their political agency and advance a specific politico-moral agenda, this can create tensions in an international system of 'humanitarian government' that still prefers victims to be apolitical aid recipients and that remains dictated by the (geo)political interests of powerful states, themselves generally framed in apolitical terms.

The analogy of the glass, which was used to describe donors' demands for accountability and transparency, can also apply to requirements that donors make of local-level organisations, when the latter have to fit into their definitions of aid and how it should work. It also illustrates the absurdity of contemporary aid systems that support organisations, which in Poe Say's words "did not come from the sky", and later require them to be apolitical while donors themselves are inevitably influenced by (geo)political concerns. The dilemma that the medics and their leaders then face is how to grapple with a changing context, in which the legitimacy ascribed to different actors is shifting in fundamental and often disconcerting ways. As an NGO staff member reminded me one day, "you can't expect people to just step out of their skin and to suddenly leave the struggle behind". At a time of significant political change, the difficulty of stepping out of one's skin is highlighted and raises important dilemmas, which will be further discussed in the following chapter.

CH 7: Beyond Burma: finding a place in a changing Myanmar

Sunday 7 November 2010 was a fairly sombre day in Back Pack's office. Until then, when I asked medics and leaders about the elections, their responses indicated disbelief in the government's sincerity. The elections and Border Guard Force (BGF) plan were interpreted as attempts by an illegitimate regime to reinforce its grip on power under the pretence of democratic legitimacy. Voting was not held in parts of the borderlands, the government citing instability and conflict as reasons for disenfranchising entire communities¹⁶⁹. Medics from areas where voting was held told staff in Mae Sot of villagers being forced to vote for the military-backed Union Solidarity Development Party¹⁷⁰. Back Pack members thus tended to believe that the elections would make life worse for ethnic minorities. As Burmese citizens voted for the first time in twenty years, men and women I worked with were glued to their computers and mobile phones for updates, but were not optimistic about the outcome. And when new outbreaks of fighting in Burma led to mass influxes of civilians into Thailand, it initially seemed their predictions were right. As one leader told me:

“So before elections, most of the INGOs want to go to provide assistance through Rangoon, and they will cut the cross-border assistance, because this is started to the democracy process in Burma. But we... particularly me, before the elections, I met with any NGOs or the government agency, I told to them that after elections, there will be more fighting in border areas, ethnic areas. They don't believe me! Maybe you too, you don't believe me! Because finally, right now, you can see more fighting – Shan State, Kachin State, not only the Karen State!”

¹⁶⁹ Prior to the elections, the Electoral Commission was criticised for disenfranchising hundreds of thousands of ethnic minority community members by cancelling voting altogether in several townships in Kachin, Karenni, Karen, Mon, and Shan States. <http://www.crisisgroup.org/en/regions/asia/south-east-asia/myanmar/Kleine-ahlbrandt-Forget-About-the-Sham-Burmese-Elections.aspx> – last accessed 12 January 2013.

¹⁷⁰ The Union Solidarity Development Party (USDP) is the military-backed party created in March 2010 to contest the Burmese elections. It is led by former military officers including U Thein Sein, who became president when the USDP won the 2010 elections. The USDP was created from the former Union Solidarity and Development Association (USDA) – a military-backed organisation created in 1993 and criticised for harassing, intimidating, and violence against Burmese civilians. The USDA was deemed responsible for the 'Depayin Massacre' in 2003, when Daw Aung San Suu Kyi's convey was attacked and some seventy people were killed (NDD 2006).

During following weeks and months, Back Pack's response to increased conflict and displacement highlighted the strength of networks developed over a decade, as well as dilemmas faced by a 'humanitarian struggle' in a changing (geo)political context. In this final ethnographic chapter, I will describe how men and woman I worked with reacted to the elections and subsequent events, and how political evolutions impacted on Back Pack's operational space. I will pursue themes explored in Chapter 6 by discussing efforts to engage with international-level frameworks, and ways in which an evolving politics of aid was also leading to attempts to redefine legitimate humanitarian action. And I will highlight what this ethnographic example demonstrates in terms of possibilities and dilemmas when networks born out of a particular socio-historical context are utilised to channel aid during a recognised emergency, but also offer considerable potential to be harnessed for the redevelopment of above-ground health systems. Indeed, while Back Pack has accessed international humanitarian funding for over a decade, it has done so to support the sustainable development of community-level systems – elegant categories of 'emergency' and 'development' don't fit so well onto a local-level context, which is much more fluid.

Ultimately, the discussion in this chapter again illustrates the point that – in an international context that has witnessed the proliferation of humanitarian actors, systems and practices – the debate around cross-border aid and the politics of aid more generally can be better understood by analysing attributions of legitimacy to different systems by actors unequally situated in an international system of 'humanitarian government'. The often-emotive and polarised debate around cross-border aid then needs to be understood in relation to evolving attributions of legitimacy – with international-level shifts coming to clash with the perspectives of local-level actors whose worldviews are informed by an embodied history of state violence, and whose actions continue to be framed by a drive to obtain political recognition.

A. Views of Burma's elections from the border

On the day of the elections, a faction of the Democratic Karen Buddhist Army (DKBA) that had refused to join the Border Guard Force seized Myawaddy, the Burmese town across the river from Mae Sot. The next day, fighting broke out with *Tatmadaw* forces. When I arrived at Back Pack's office and asked if it was true that several hundred civilians had fled into Thailand, the leaders told me to go and see for myself: there were at least 10,000 people in the Thai military base down the road and more were coming, fleeing fighting and mortars that were even landing on Thai soil. I accompanied a group of medics who, desperate to help, were taking boxes of Oral Rehydration Salts to the makeshift camp.

Staff of INGOs and UNHCR, who had spent months discussing what might happen after the elections, rushed around attempting head counts. Back Pack and Burmese community groups cooked food for the displaced civilians, which was distributed by the Thai Red Cross. Medics from Mae Tao Clinic and Back Pack set up a temporary clinic. A seemingly endless series of coordination meetings were organised by NGOs. After one meeting, a Back Pack leader exclaimed:

“All of the NGOs say they have funding and they can help. But then they say that before you give the support, you need to have a meeting and coordinate with UNHCR or someone and you need to have an assessment! [...] Just give them the food, stop talking about it! All they want to do is assessments – just go down to there to the camp, you will see that they are hungry and they have no food!”

Two days after the first mass influx, we watched as Thai soldiers told the civilians that it was safe to go home and starting rounding them up into trucks to be driven back into Burma. One of my Back Pack friends was shaking with anger as she said, “I don't believe them! It is not safe, there is still fighting.” Myawaddy residents had told us they were afraid to go back and didn't trust the Thai army's assurances that fighting was over. The clock stuck 6 pm, and the remaining civilians who had been squatting in groups in the red dust were made to stand for the Thai national anthem, surrounded by heavily armed Thai soldiers. Thai journalists filmed the scene, which was later shown in the national press as a demonstration of Thai-Myanmar friendship.

Over following weeks, fighting between the *Tatmadaw* and Karen armed groups spread along the border. Initial battles in November and December led to mass influxes of civilians into Thailand, where they were given temporary shelter in officially-designated areas referred to as holding sites. Thai authorities allowed NGOs to provide aid, albeit inconsistently, at times allowing access to some but not others. But by 25th December, the Thai military had emptied the last holding site, attracting criticism from international organisations claiming that conflict and abuses made it unsafe to send civilians back to Burma¹⁷¹. Local sources claimed that Thai authorities were afraid that holding sites would grow into more permanent camps and were also bowing to pressure from the Burmese government. The latter was said to not want the international community to see evidence of conflict and – in later weeks and months – also claimed that people fleeing fighting had links with and were supporting Karen ‘insurgents’¹⁷². By early 2011, there were over 10,000 Karen villagers who had fled fighting and were hiding along the river separating the two countries, or in fields, villages or monasteries on Thai soil. Thai authorities prohibited NGOs from accessing border areas. Members of organisations like Back Pack, Mae Tao Clinic and other Burmese CBOs, who initially responded on an individual basis, became increasingly organised and worked together as part of the Emergency Relief Team (ERT) to provide essential aid including food, shelter and healthcare.

The response of Back Pack members and partners working under the ERT banner illustrated their ability to draw on existing networks to respond to a situation where international organisations were again denied access, albeit this time also on Thai soil.

¹⁷¹ <http://www.unhcr.org/refworld/docid/4d1c36682.html> – last accessed 12 January 2012.

<http://www.hrw.org/news/2010/12/04/burma-eyewitness-accounts-abuses-eastern-fighting> – last accessed 12 January 2012.

Human rights abuses were reported in connection with the escalated fighting in parts of eastern Burma following the elections. Another major concern for civilians made to return into conflict-affected parts of Karen State was the increasing number of unmarked landmines planted around villages and fields by state and non-state armed actors. Back Pack medics working with ERT treated a number of civilians injured by landmines in these areas. E.g.

http://www.backpackteam.org/wp-content/uploads/2011/02/BPHWT%20report%2015_Feb_2011%20FINAL.pdf – last accessed 12 January 2012.

¹⁷² Back Pack medics working in the area as part of ERT also came across and treated a number of male villagers who were accused of being part of the breakaway DKBA faction and tortured by *Tatmadaw* soldiers. One of the Back Pack medics working for ERT in the area was given training to collect basic information about such abuses of human rights. He would interview villagers he met and bring back notes, which were written up into reports in the Back Pack office.

ERT worked ‘under the radar’, through members of organisations like Back Pack who could discretely access displaced villagers by cooperating with community leaders on both sides of the border. After holding sites were closed, NGOs that were legally registered in Thailand and had to abide by official stipulations on access channelled assistance through groups working in the ‘legal-illegal’. NGOs secured funding from back-donors; ERT members channelled aid to displaced communities¹⁷³. This arrangement implied an attribution of legitimacy to the ERT’s system by some NGOs and, by implication, by their government back-donors. But while the ERT’s response could then be conceptualised as licit from the perspective of international actors endorsing it, it had to remain largely invisible as it was illegal within the regulatory regime defined by the Thai state (Abraham and van Schendel 2005).

Back Pack leaders and medics described it as their duty – in a situation where displaced civilians were denied access to official camps¹⁷⁴ and international organisations could not assist them – to help people whose experiences of conflict, abuses and displacement they related to their own; this duty outweighed risks involved. As Poe Say explained:

“When the Thai authorities do not allow the people going to the camp, we need our own people, our own community, the CBOs, to establish the assistance, the relief agency. Because of they could not allow by the Thai government. So if I say like that, you can ask the question: “Why? The CBOs can receive the permission by Thai authorities?” No! Even though no, we had to take a risk, we had to take risk because of this is our task. The people, they are suffering, we have to helping them. Even though they are arrested... One example, we have three people, they were arrested by the Thai police, Thai military. So even though they are arrested, after release from the jail, they go again. So this is our task.”

¹⁷³ NGOs could also mediate between local-level Thai systems and groups working in the ‘legal-illegal’. For example, one INGO had for a number of years worked with Thai Ministry of Health staff to set up health posts along the border. Staff of the INGO introduced members of ERT’s health team – which included medics from Back Pack, Mae Tao Clinic and Burma Medical Association – to local Thai health workers, enabling them to share information for emergency cases and disease control. However, these local-level connections had to remain ‘under the radar’ to be able to function.

¹⁷⁴ After December 2010, displaced civilians were denied access to the holding sites that Thai authorities initially established in the aftermath of the elections. They were also prevented from the entering existing temporary shelters for people fleeing fighting (commonly referred to as refugee camps) in which UNHCR has a mandate to provide protection for civilians fleeing conflict and abuses.

Poe Say was referring to an incident when three men – including Kyaw Lwin, one of Back Pack’s office workers – were arrested while providing assistance as part of ERT. By this time, Kyaw Lwin had worked with Back Pack for six years, after travelling from the Irrawaddy Delta to Thailand in search of work. After the elections, he coordinated relief for displaced villagers. On 8 May 2011, he was on his way to a village on the border where families had been hiding since post-election fighting and abuses forced them to flee to Thailand. Kyaw Lwin and the other men were in two trucks carrying dry food rations when they met a border patrol of the Royal Thai Army:

“Thai soldiers saw, “Where you sending to? You sending them for KNU and DKBA¹⁷⁵, right?” they said. We replied, “No, we are sending for the villagers.” They didn’t believe it. They thought we were mainly sending to them [i.e. KNLA and DKBA].” [*Kyaw Lwin*]

After two nights in detention, Kyaw Lwin was deported into Burma. When I next saw him, he had snuck back into Thailand and returned to Back Pack. He had shaved his head to remove the bad luck. He had been unlucky, he explained, since on previous occasions Thai authorities had turned a blind eye to him distributing aid along the border. On the day of his arrest, however, fighting had broken out in Karen State opposite the area where he had gone to distribute food. When Thai soldiers arrived to assess the situation, they accused him of supporting Karen armed groups – perhaps, he thought, because he had told the soldiers that the supplies came from Mae Tao Clinic, and a group of people linked with the clinic had previously been accused of assisting the breakaway DKBA faction when they were caught illegally crossing the border. Indeed, before Kyaw Lwin’s arrest, the Royal Thai Army’s Provincial Task Force had issued three warnings to Mae Tao Clinic for claimed illegal activities, including providing assistance to Karen armed groups.

While Back Pack leaders explained the ERT response as an extension of their duty to assist suffering communities, some of their INGO partners and donors voiced concern

¹⁷⁵ This refers to the faction of the DKBA that refused to become a Border Guard Force and seized Myawaddy on the day of Burma’s elections, leading to scaled up fighting and displacement. Soldiers from this faction operated in areas of Karen State opposite Thailand’s Tak Province.

that they were overstretching resources and jeopardising systems developed over a decade to support health services inside Burma. Several donors and INGO partners I spoke to questioned Back Pack's involvement, comparing it with the organisation's participation in the post-Nargis Emergency Assistance Team. One donor rather cynically described the leaders in both cases as "just making the point that the government of Burma sucks". Other donors and INGO staff highlighted risks that were exposed by Kyaw Lwin's arrest and deportation. Like Kyaw Lwin, ERT members providing aid to newly-displaced Karen villagers were undocumented – and when Back Pack members contacted UNHCR for help, there was nothing the UN actors could do to prevent Kyaw Lwin's deportation. Like Back Pack's systems in Burma, the ERT in Thailand functioned 'under the radar' and through people who are considered illegals. In both cases, discourses of humanitarianism and human rights were deployed by the leaders to frame their activities. But these frameworks fail to protect those within a system that relies on the grey areas of the 'legal-illegal' to function.

Indeed, even if such systems are endorsed as licit through the support of INGOs and government back-donors, this symbolic endorsement does not translate into the legalisation of a particular type of humanitarian intervention, which instead continues to be framed by state definitions of legality (Abraham and van Schendel 2005). Therefore while some INGOs and donors channel assistance via systems like Back Pack or ERT to communities that cannot be accessed through state-sanctioned humanitarian mechanisms, the resulting system also has the effect of reproducing an unequal distribution of risks between actors at different levels. And so, as Fassin describes of aid systems elsewhere, an unequal politics of life is revealed through ways in which systems for aid provision – here legitimised but not legalised by powerful international actors – risk the security and lives of individuals like Kyaw Lwin (and like Waw Lay and Hsa Moo, whose arrest and detention was described in Chapter 5), while protecting others higher up in the chain and absolving them of responsibility for what remains defined as an illegal activity (Fassin 2007b; 2012).

The discomfort expressed by some of Back Pack's long-term donors and partners is also linked to a shifting politics of aid. As highlighted in Chapter 6, some donors and intermediary NGOs were by this stage less willing to be associated with local-level

groups seen as displaying activism – or, rather, an activism that clashes with a changing (geo)political landscape and parallel shifts in legitimacy. Back Pack's role in the post-election response, continued criticism of the Burmese government, and increased involvement in advocacy against the Thai government's refoulement of Karen villagers – which are all consistent with the organisation's politico-moral vision and with the interpretation of humanitarians as having a role in witnessing – were thus interpreted by some as indications of what one INGO member described as the persistence of a political “fever”:

“It's that here, you can see a lot of fever, fever-type of things. It's that when you are talking about this conflict, they want to join this. Sometimes maybe you are working for other things, but you want to chip in, you want to join. [...] I want to interpret it as more like: they came from political community, and so that kind of fever, they want to transfer in humanitarian arena.”

This reflects a view of humanitarian NGOs as having to be more professional and technocratic, and less political or passionate (e.g. Collovald 2002; Gross-Stein 2008; Le Naëlou and Freyss 2004; Pandolfi 2002; Terry 2002). But it also needs to be understood in light of shifts in attributions of legitimacy described in these chapters, since the type of “fever” displayed by groups like Back Pack does not fit with changing political tides. Discomfort with such “fever”, moreover, is related to the evolving relationship between Thailand and Burma, which impacts on donor and INGO concerns and can potentially reshape the operational space of organisations functioning in the grey zones of the borderlands. At the time of Kyaw Lwin's arrest, Back Pack's leaders were grappling with what some observers call the dilemma of visibility. As explained by a foreigner working with the groups,

“Mae Tao Clinic has been threatened, what? Three times? Kyaw Lwin has been arrested. [...] It's not just ERT-related, it's post-election... it's also everything that comes as a result of being post-election and the new Thai election and, you know, Thai Foreign Minister going to meet with the Burmese government... I think it's all tied up and it's very difficult to pull the bits apart. But to me what's interesting is the constant weighing up of the CBOs about how much they can say.”

As mentioned in previous chapters, Thai authorities cannot officially endorse Mae Tao Clinic or cross-border groups like Back Pack, since they are effectively illegal and can be seen to violate Burma's sovereignty. But as a senior Thai health official explained, "if we ask the authorities that have to take care of the health in this area, they will overlook about the issue of illegal". Historically, the groups' ability to function has been linked to unofficially-recognised benefits of their work: cross-border aid contributes to disease control in border areas and stems influxes of people seeking services in Thailand; Mae Tao Clinic relieves the burden of an unregistered Burmese population on Thai health systems. But with new governments in Burma and Thailand since 2011 and growing diplomatic and economic ties between the countries, the situation becomes more complex. Back Pack's effectiveness in attracting international attention to the situation in border areas can have potentially adverse impacts on its operational space – hence the dilemma of visibility. This is all the more the case in that, although the leaders' contacts in the Thai military asked them to maintain a low profile so as not to negatively impact on Thailand's relationship with Burma, the leaders have continued to accompany service provision with high-profile advocacy against the Burmese government.

So in this border area, where international laws and frameworks were historically not mobilised to ensure humanitarian access to populations denied assistance by state restrictions, humanitarian space is instead shaped by the tacit agreement of local-level actors on the Thai side of the border (and their implicit attribution of licitness to systems with recognised benefits), and by the symbolic endorsement entailed through international donor funding. But the preservation of this humanitarian space and the attributions of licitness on which it depends in turn rely on a precarious balancing act, in which political and economic interests are also at stake. As the (geo)political playing field shifted during my fieldwork, the nature of an organisation like Back Pack could potentially destabilise the balance, since it maintains political activism as an integral part of humanitarianism and works with and through socio-political systems labelled as illegal by the Burmese state.

In the post-election period, Thailand has had growing interests in Burma's political stability and in improving historically unstable relations with its ASEAN neighbour. As

described in Chapter 2, Thai authorities historically fostered links with groups like the KNU/KNLA, which were opposed to a government then seen as a potential threat to Thai national security and which previously had control over vast areas of the borderlands, including trade routes and resource-rich areas (Buszynski 1998; South 2011). But Thailand's buffer policy was increasingly substituted by what observers sometimes call a development policy, with Thailand competing with Burma's other neighbours for investment and trade opportunities (Pongsawat 2007; Thant Myint U 2012). In the lead up to and aftermath of Burma's elections, fighting in border areas thwarted multi-billion dollar development projects supported by Thai state-owned and private companies, such as the Dawei Deep-Sea Port and Special Economic Zone¹⁷⁶. Growing investment and trade were also said to be impeded by Thai authorities allowing Burmese groups in places like Mae Sot to use Thailand as a space out of which to organise political and armed opposition. As a senior Thai politician told me, the

“Foreign Ministry in fact is dying to change its policy in Burma, meaning to have a friendly approach to Burma, and to be out of the control of Western countries over how it looks at Burma [...] And then they believe that it's because of the opposition inside Thailand and it's giving this [government] a bad name. Hence the threat.”

As these shifts took place, local Thai authorities increasingly criticised Burmese opposition groups and denounced NGOs on the border for supporting armed groups and perpetuating a situation of instability going against Thai interests. Evolutions in Thai authorities' rhetoric thus reflected changes in attributions of licitness or legitimacy, themselves linked with shifting political and economic interests. At a meeting in early 2011 with UNHCR and NGO staff, Thai authorities warned NGOs not to support Burmese political groups and alleged that some were providing food support to the Karen resistance. The then-Governor of Tak Province highlighted mobile health teams working under the umbrella of Mae Tao Clinic, saying that they should cease going to the border as this was damaging Thailand's relations with Burma. The Governor's statements were sometimes extreme and stakeholders in Bangkok often dismissed them

¹⁷⁶http://www.globalasia.org/V6N4_Winter_2011/Pavin_Chachavalpongpun.html?PHPSESSID=27e2e5f1eea77f9e245c911358886d55 – last accessed 12 January 2012.

as not representative of national perspectives. But his words and actions – and those of senior military officials who issued warnings to Mae Tao Clinic – influenced local-level relations and perceptions. When I met him in mid-2011, the Governor told me that, “from the Burmese intelligence and also Thai, [we are told that] Dr. Cynthia already became the leader of the KNU”. This would have been laughable had it not pointed to ways in which influential local authorities with a stake in expanding economic and political ties with Burma were portraying groups providing aid on the border as indistinct from non-state armed actors, which were increasingly seen as an impediment to these interests.

B. Redefining humanitarianism?

“I don’t think that being political means that you can’t deliver aid. UNOCHA¹⁷⁷ doesn’t feel that way either. There are guidelines that say when it is and when it isn’t appropriate to have armed escorts for aid workers... So I think it’s very easy to say “if you are politically aligned you are bad”; it’s easy to say “if you have an armed escort you are bad”, but I don’t think we live in a black and white world.”
[GHAP Field Director, East-West Border Areas]

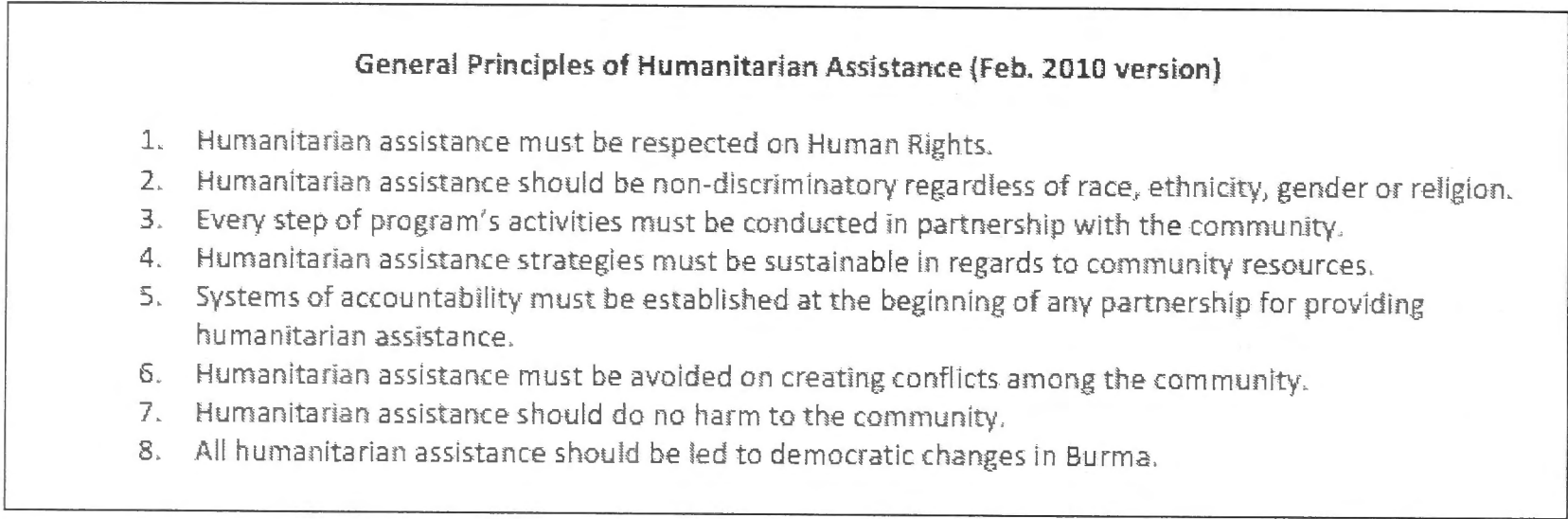
As the politics of aid to Burma evolved and as it faced a potentially changing operational space, Back Pack was also continuously refining its version of humanitarianism. As described in Chapter 6, success in obtaining international funding compels the organisation to demonstrate that it fits into international-level frameworks. But engagement with international frameworks is also driven by concern to ensure that programmes do not result in unintended negative consequences, as well as attempts by the leaders and their partners to grapple with criticisms of their work.

During the development of the DfID proposal mentioned in Chapter 6, DfID sent many questions to which the leaders would sometimes ask me to help write up responses in “pretty English”. One question in February 2010 related to political neutrality. After sitting me down at a computer, Poe Say fetched a document entitled General Principles

¹⁷⁷ UNOCHA is the United Nations Office for the Coordination of Humanitarian Affairs. The Field Director was referring to UNOCHA’s guidelines on the *Use of Military or Armed Escorts for Humanitarian Convoys*, discussed below (UNOCHA 2001).

of Humanitarian Assistance, which Back Pack has signed up to as part of the Forum of Community Organisations-Burma (FCOB) – an umbrella group of Burmese organisations on the border. Pointed at the clause stating that “All humanitarian assistance should be led to democratic changes in Burma”, he said that Back Pack cannot be neutral (Figure 1). But on another level, he speculated, Back Pack is neutral because medics do not discriminate in providing healthcare. A couple of days later, the leader called me back into his office and asked me to help update the English translation of the Principles, including a clause specifying “Humanitarian assistance should do no harm to the community”.

Figure 1: FCOB principles of humanitarian assistance



At a meeting two months later, FCOB members reviewed the Principles. One member suggested that Clause 8 could lead to donor criticism on the basis that humanitarian aid should supposedly not be political. Another retaliated: “all aid is political; if you decide to work with the SPDC, that’s political.” Clause 8 was kept but modified to better reflect the original Burmese version – it then read: “All humanitarian assistance must promote democratic practices.”

Discussions of Back Pack’s model tie into a broader debate about neutrality, impartiality and their interpretations and implications, about the appropriate relationship between humanitarianism and politics, and about the legitimacy of systems labelled as humanitarian. During my fieldwork, Back Pack’s leaders and partners grappled with debates that have shaped the history of humanitarianism. But in the evolving politics of aid to Burma, these debates often seemed to be taking place in a historical ‘bubble’ – so

much so that the now commonplace contention that aid can ‘do harm’ was presented as almost groundbreaking in donor circles. Powerful actors in an unequal ‘humanitarian encounter’ tended to maintain an apolitical veneer, when in fact humanitarianism has become an authoritative discourse framing state interventions and non-interventions, and when their own funding decisions were influenced by (geo)political considerations (De Waal 2007; 2010; Fassin 2012; Macrae 2002; Randel, et al. 2004; Rieff 2002; Spearin 2008; Weiss 1999). Some such actors, moreover, attempted to redefine systems as not humanitarian in ways that often denied operational and political realities, and relied on anachronistic definitions of humanitarianism.

The argument that “all aid is political” is far from new at the international level (e.g. Curtis 2001; De Waal 1997; Fassin 2012; Redfield 2011; Rieff 2002; Weiss 1999). But as described in these chapters, Back Pack members were grappling with a situation where the international-level political determinants of aid were more often than not glossed over, and local-level actors whose political viewpoints no longer fit an evolving (geo)political playing field were increasingly accused of being too political – or non-neutral, with the latter becoming synonymous, in the lexicon of some powerful stakeholders, with not humanitarian. As a result, Back Pack members often interpreted criticisms of their work as meaning that they aren’t allowed a political opinion – when at the international level, there is a long history of politically engaged humanitarianism.

The FCOB Principles above emphasise impartiality. As a Programme Coordinator explained,

“As I am health worker, so I have a duty that I have to be responsible for every single people who needs healthcare: even SPDC, or even KNLA, or even KNU, or even DKBA. So they all are human beings. So I think we have to treat the same.”

Back Pack, however, has not endorsed neutrality as a principle for humanitarian action. Discussions with leaders and medics suggested that there is much confusion in relation to this principle. This is not surprising, given that international stakeholders have historically become increasingly divided about what neutrality means and whether it is a viable standard for the operationalisation of aid – and because of their difficulties with neutrality, many NGOs have abandoned the principle and focused instead on

impartiality (Curtis 2001; Hendrickson 1998; Leader 1998; Macrae 1998; Redfield 2011; Slim 1997).

Back Pack leaders and medics often argue that, as victims of the military regime, they cannot be neutral. Neutrality, for them, translates into indifference to injustice, oppression and suffering. As described in earlier chapters, Back Pack thus rejects the interpretation of neutrality as silence and combines assistance with denunciation of human rights abuses and oppression – thereby engaging in the type of witnessing first popularised by MSF (Redfield 2006; Rieff 2002). On another level, the issue of neutrality relates to operational systems. Neutrality then becomes “the assurance given by humanitarian agencies that their efforts are not in military support of either side”; impartiality, which is often confused with neutrality, “means such effort is rendered to the noncombatant population of each side without distinction and according to need” (Anderson 2004: 41). Many people I spoke to during my fieldwork, however, reduced the multi-faceted implications of neutrality¹⁷⁸ to the question of whether aid workers work with non-state armed actors. This simplistic reduction of neutrality often implied that links with armed non-state actors are in themselves problematic, whether or not evidence proves that the humanitarian effort advances the cause of those non-state actors – thereby forsaking the wider meaning of operational neutrality and potentially subordinating the principle of impartiality to a narrow definition of humanitarianism.

As described in Chapter 6, in the period leading up to and following Burma’s elections, influential criticisms of cross-border aid drew attention to aid groups’ links with non-state armed actors, and particularly resistance groups. These criticisms generally ignored ways in which cross-border groups like Back Pack also work with ceasefire groups and thus can to an extent be seen to work with socio-political actors on different ‘sides’ of an evolving conflict. Even if cross-border groups are impartial in delivering

¹⁷⁸ Plattner defines three key ingredients to the neutral position: abstention, prevention and impartiality. Abstention means no involvement in military or ideological activity. Prevention means that the organisation must ensure that no party to conflict is able to use the organisation or its resources to its advantage. And impartiality requires the organisation to apply equal terms in dealing with different warring parties (Plattner 1996). In the history of humanitarianism, debates around neutrality have tended to associate the principle with the Red Cross tradition of confidentiality on the one hand, and with operational systems on the other – and so it is that an organisation like MSF has historically engaged in humanitarian witnessing while also maintaining its operational neutrality and independence from the military or political activities of warring parties (Curtis 2001; Redfield 2006; 2011).

aid, it was argued that their activities at the very least legitimise the struggle of armed opposition groups (South, et al. 2010) – a claim that, for many involved and from a social justice perspective becomes moot, when aid is channelled to populations deliberately targeted by state violence, denied their basic human rights, and prevented from accessing humanitarian aid (De Waal 1997). In addition, by subordinating the provision of humanitarian aid to strategic objectives and the uncertain calculations of conflict management, some victims may come to be defined as more deserving than others and impartiality is foregone (Curtis 2001). Of course, there are no simple solutions or self-evidently right answers to the “dialectic between the moral uplift of humanitarianism and the pedestrian demands of actually delivering the technologies that save lives in the “field”” (De Waal 2010: 302). But again, the divergence between criticisms of cross-border aid and Back Pack’s approach to humanitarianism can be understood in relation to diverging attributions of legitimacy.

For Back Pack’s leaders, ways they work with non-state actors are a practical necessity, enabling life saving care to be channelled to communities otherwise denied aid by state restrictions on humanitarian access:

“We give our medical services in the armed conflict areas. It is not only in Karen area, also in Mon areas where fighting might occur soon. Other areas are also like that. There is war and because of this, the situation is not stable. [...] As we are working there, though we mainly focusing on helping the people, we have to seek protection from the groups that have connection to the community and that protect the community. The group can be KNLA. It can be KNU. Or it can be the group that is founded to protect the village. [...] I think that the organisations that are operating here should help the people who are in need rather than saying supporting or not supporting the KNU. If they still think like that, I can’t do anything. But they need to come and observe the situation. I don’t know exactly about neutrality. As far as I understand, when we are doing health work, we know that we should do no harm. We understand that there must be Do No Harm...”

[Thara Law Eh, BPHWT Director]

By this time, Back Pack’s leaders had endorsed the principle of Do No Harm. In August 2010, after attending a workshop with Norwegian Church Aid (NCA) during which the framework was discussed, Back Pack’s leaders asked NCA to organise training for their

staff. The training was held during a Six-Month Meeting and attended by field workers, Programme Coordinators and office staff. The trainer outlined the history of the Do No Harm framework and used case studies and discussions to highlight ways in which aid can have unintended negative consequences. During a break, she told me that she hoped the workshop would lead medics to think about possible impacts of their work. For example, she said, if medics are working in conflict zones and need to travel with KNLA soldiers, they need to consider whether this can have unintended negative consequences. In sessions that I observed, medics discussed tensions that can occur when they implement their programmes. Issues identified included, for example, possible perceptions of bias when medics travelling from village to village always stay with the same families, or when medics do not have enough mosquito nets to distribute to everyone in a village and have to prioritise some families over others. But the participants did not explicitly identify the ways that medics work with and through socio-political systems and links with armed non-state actors as potentially doing harm.

When I later asked one of the Programme Coordinators what she thought about arguments about medics working with political and armed actors, her response – like the Director's above – was indicative of why medics and their leaders don't perceive this as doing harm:

“So we are working for our community. So the political group also working for the community. So, we both working for community. Sometimes we help each other, something like that. So even [if] we don't involved in the political group, but when we go to the same direction, so we have to help each other.”

As demonstrated in previous chapters, for the medics and leaders, state-driven oppression, abuses, depletion of healthcare systems and restrictions on humanitarian access created the need for Back Pack in the first place. Working with socio-political and armed actors in their areas enables them to access communities and develop capacities for health in remote, unstable and underserved areas. Embodied histories of state violence often lead them to sympathise with ethnic nationalist groups opposing the state. As suggested by the Programme Coordinator, they tend to see these groups as working towards the same goal of improving the welfare of local communities. Conversely, embodied histories of violence have taught them that they are targeted by

state forces first and foremost because they belong to communities historically targeted in a brutal counterinsurgency campaign, which historically drew no distinction between civilian and military targets.

In such a context, as described in Chapter 5, even impartiality becomes difficult to apply – although Back Pack adheres to the principle and medics strive to implement it in their work. More generally, Back Pack’s position might be read as ‘solidarist’, in that the organisation “employ[s] humanitarian action within a political strategy on behalf of victims” and rejects state consent as a basis for intervention (Weiss 1999: 5). This positioning needs to be understood in relation to Back Pack members’ embodied histories and resulting attributions of legitimacy to different socio-political and military actors (Abraham and van Schendel 2005; Fassin 2007; 2008). It also makes sense in an operational context shaped by decades of conflict and systematic violence targeting ethnic minority communities – a context, which results in local medics working in a world of friends and foes. The organisation’s solidarist-type model is then framed within a wider social justice agenda, expressed notably through the discourse of health and human rights, but which also serves to potentially legitimise a particular type of humanitarian effort at the international level.

One senior medic I spoke to, when he tried to grapple with the idea that aid workers should – like the ICRC model, which he had learned about in a training – identify themselves and obtain access by reaching an agreement with different parties to the conflict, had real difficulty coming to terms with how this could apply in his context. In his view, conflict and his fear of the state and its soldiers make it impossible to negotiate with the latter; and if the context were different, there would be no need for Back Pack:

“What I understand is that I will go to help... Like this? But also we should not favour for KNU side nor SPDC side. No favour. That’s it. But I am from aid group. If we go though [the middle], people from this side will see me good and at the same time, people from that side will see me good. [...] For this to happen, I have to make friends with both sides. [...] So now, we are not in between these sides. Just go to one side, don’t dare to go to the other side. In that case, if we dare to go to the other side, we don’t need to work these jobs! [...] I am just community. But

we are under KNU authority. We are in the area that is accessible. So, how to say? SPDC sets it as a black zone. [...] If these two groups were at peace, the projects that we are doing now would be the projects that the government should do.” [38 year-old male medic, Karen State]

People I worked with on the border argue that the ICRC model falls short in a context where the state has historically denied access to international aid agencies and implemented widespread and systematic abuses against civilian populations. As described in Chapter 1, this type of dilemma is not unique to the Burmese context. The broader debate concerning humanitarian principles is also related to an international context, which has evolved significantly and in which conflicts increasingly involve non-state actors and situations where civilians are the direct or indirect targets of state (and/or non-state) violence (Curtis 2001; Duffield 1998; Macrae 1998; Rieff 2002). The ICRC’s model, however, fits uncomfortably with these evolutions (Weiss 1999) – and in any case, negotiations between ICRC and the Burmese government historically failed to ensure access to populations in conflict areas¹⁷⁹. In addition, and, as evidenced throughout history, there is little consistency in – and a continuing absence of an impartial supra-state authority to determine – the implementation of laws of war and International Humanitarian Law by state and non-state actors (Rieff 2002; Saillant 2006). In the Burmese context, concerted lobbying in 2009 and 2010 by human rights groups for a Commission of Inquiry into possible war crimes failed to muster enough support from powerful governments – again, the terrain between international laws or principles and their implementation was mediated by state politics in a changing (geo)political context (Chandler 2007; Rieff 2002).

Medics who had some knowledge of international systems or organisations therefore often described these as having failed their communities, in a context where the state remains sovereign and, in their experience, continued to oppress its population in impunity:

¹⁷⁹ As described in Chapter 2, negotiations by the ICRC historically failed to ensure humanitarian access to political prisoners and to civilians in Burma’s border areas – resulting in an unusual condemnation by the ICRC of the government.

“Before, for example, MSF went inside and worked. They didn’t get along with the SPDC, and then they left. For example, it is the same for ICRC. They don’t implement all that they wanted to do. They don’t implement. Those are legal organisations! Even though they entered, they couldn’t succeed yet. ICRC also had many problems with the SPDC. [...] How can we join with them [*i.e. the government*]? The internationals have faced many difficulties when they tried to solve. Uprisings – for example, kill the monks¹⁸⁰. [...] If we join, we will be oppressed more. We would have to do what they ask. They will drive us according to their wish. Clearly speaking, they can do whatever they like.” [*Senior male medic, Karen State*]

At the international level, there are precedents and frameworks acknowledging the need in specific situations for aid workers to work under the protection of armed actors. UNOCHA’s guidelines on the *Use of Military or Armed Escorts for Humanitarian Convoys*, for example, recognise circumstances where the use of armed escorts can increase aid workers’ capacity to provide aid impartially, particularly where civilians are deliberate targets of military operations and authorities restrict aid flow to populations in need (UNOCHA 2001). Historically and as described in Chapter 1, humanitarian NGOs have in a number of cases delivered aid in cooperation with non-state actors party to a conflict – and indeed in practice few NGOs tend to end up working simultaneously with opposing parties in a conflict (e.g. De Waal 1994; 1997; De Waal 2007). In the Burmese case, some donors historically funded cross-border groups as well as other NGOs working ‘inside’, while others chose to fund only NGOs working on one particular ‘side’ (Duffield 2008).

As also highlighted in Chapter 1, when donor governments have funded comparable aid operations in other conflict situations, this has been a function of political decisions. So as Slim notes, “[t]he more imperative emergencies are of course usually determined by the *Realpolitik* imperatives of relief agencies’ donor governments” (Slim 1997: 346). While powerful donor governments can and do fund humanitarian efforts on the basis

¹⁸⁰ The medic was referring to the 2007 Saffron Revolution, when Burmese monks led peaceful demonstrations, which were violently repressed by state forces. According to Human Rights Watch, security forces shot into crowds using live ammunition and rubber bullets, beat marchers and monks before dragging them onto trucks, and arbitrarily detained thousands of people in official and unofficial places of detention. An unknown number of monks, students and other civilians were killed (HRW 2007).

of a social justice agenda, such support not only entails endorsement of the legitimacy of these efforts – and of the socio-political actors and agenda that they are linked with – but also depends on the political and geostrategic position of the donor government (De Waal 2007; 2010).

In the Burmese context, donor support for cross-border efforts could historically be read as part of a wider goal of promoting systems of rights-based liberal governance, as well as being influenced by the domestic politics and geostrategic priorities of donor countries (Curtis 2001; Duffield 2001; Macrae and Leader 2002). In the evolving politics of aid to Burma, a historically legitimised solidarist model for humanitarianism lost ground to a more traditional, state-sanctioned model – one that is also legal within the regulatory regimes of the states concerned (Abraham and van Schendel 2005). This happened in parallel with changes in international attitudes towards Burma – with the legitimacy of ethnic resistance groups increasingly questioned, and engagement becoming the dominant model for Western politics and policies towards the once-pariah state (Haacke 2012; South, et al. 2010). At the international level, it also needs to be understood in relation to the decline of US hegemony – and of the US ability to impose a Western model of liberal democracy – and the rise of China as an increasingly powerful regional and global force protective of the sovereignty of ASEAN member states (De Waal 2010; Haacke 2012). At the time of my fieldwork, international political and geostrategic shifts were then compounded by political changes in Burma, with the government coming to be seen as more ‘palatable’ and hopes that increased engagement would further expand humanitarian space ‘inside’.

While Back Pack members were attempting to engage with international frameworks in a changing (geo)political landscape, donors in Bangkok were becoming increasingly divided – with Canada and the EU representing two opposing poles, and powerful donors such as the US and UK increasing support for state-sanctioned humanitarian assistance. Humanitarian principles emerged as a point of contention. Some donors including ECHO – the largest single donor to Burma and leading donor worldwide – pushed for the adoption of a unitary set of Operating Guidelines for organisations on the Thai-Burma border. The Humanitarian Donor Coordinator mediated the drafting of these guidelines, which turned out to be a reformulation of the ICRC’s Fundamental

Principles¹⁸¹. One donor dismissed these guidelines as others trying to justify post-facto their redirection of funding away from border areas and towards programmes implemented with approval of the Burmese government. Another described rolling out of the principles as a way to “weed out the activists from the serious organisations” – but as described above, those designated as needing to be ‘weeded out’ tended to be those whose activism no longer fit with the agendas of more powerful stakeholders. The Donor Coordinator acknowledged politics as influencing shifts in aid circles:

“[Donors] were waiting for these elections, everybody screamed that these elections weren’t great, but it does make the government slightly more palatable than it was before. So that definitely legitimises, I think, what donors were wanting to do anyway. The other thing is... I don’t think that there’s donor fatigue. What I do think is that there’s a certain fatigue with the way that some of the NGOs are perceived as not wanting to go with the flow and go with the changes. [...] They [*i.e. donors*] are willing to go along with the Myanmar wish for no longer supporting armed groups, or anything that supports armed groups. And there again, I think that’s why people need to either get a bit smart about the way they do things, or change the way they do things. [...] Because you need to be able to make a case that you’re not helping the armed groups, you’re helping people in need.”
[*Humanitarian Donor Coordinator*]

Groups like Back Pack undoubtedly help people in need. But at a time of political change, the fact that cross-border groups work with non-state actors opposing the state resulted in them being labelled by a number of influential stakeholders as not humanitarian – or unprincipled, as the head of ECHO’s Regional Office implied.

After Burma’s elections, the Operating Guidelines were put forward as the framework that implementing agencies should adhere to (although in effect local agencies continued to operate the way they always had). The plan was that the Guidelines would be rolled out by UNHCR and NGOs through their links with implementing partners. They would therefore be rolled out through the type of brokering networks described in Chapter 6. The representative of one intermediary NGO, which had supported cross-

¹⁸¹ The *Donor Humanitarian Actors Working Group Operating Guidelines* are included in Annex 3.

border groups including Back Pack for a number of years in full knowledge of the ways they work, explained:

“It’s actually to make sure that at least in conflict zones, as a kind of donors’ perspective, we also need to make sure that we have enough mechanisms about this partiality and then humanitarian assistance is not for one side or... to avoid accusations. This is my own personal objective. Because as a humanitarian worker, I cannot accept any kind of system affiliated with armed groups.”

The idea that armed actors cannot assist humanitarian groups to access populations in need of aid denies a history of such actions and, in this type of operational context, can go against the wider ethic of humanitarianism as providing assistance to all communities in need. But what is even more significant is that this NGO partner, who had worked closely with cross-border groups for many years, was rhetorically mirroring a shifting discourse, whereby organisations working with armed groups opposed to the state were defined as not humanitarian. Another stakeholder I spoke to, after explaining that the ICRC model should ideally guide humanitarian action, speculated of groups like Back Pack:

“I’m not sure whether you’d call them humanitarian [...] because right now, whether we like it or not, the litmus test of humanitarianism is: can you apply the principles?”¹⁸²

These narrow definitions of humanitarianism reduce the wider humanitarian ethic of responding to human suffering to reified principles and models; they gloss over a complex and evolving history in which humanitarian actions have often taken place without state consent and in cooperation with parties to conflict; and they suggest that if humanitarian action based on an ICRC-type model and operational neutrality (reduced

¹⁸² Once again, this is not a new debate. At an international conference on politics and humanitarian aid in 2001, proponents of the more ‘traditional’ model of humanitarianism suggested that the word ‘humanitarian’ should be trademarked, and should refer only to aid provided in accordance with the ICRC’s principles for humanitarian action (Curtis 2001). However and while such a definition of humanitarianism would clarify and establish clearer distinctions between systems and processes that are today grouped under the label of humanitarianism, this type of trademarking and humanitarian principles being the ‘litmus test’ for humanitarianism does not reflect contemporary trends. Instead, the term ‘humanitarian’ has come to be used to refer to a wide range of systems, practices, actors and discourses, which have in common a temporality of emergency, the object of saving lives, and an appeal to an ethic of compassion and moral values (Fassin 2012).

to not working with non-state parties to conflict) cannot be implemented, local populations should be left without assistance. Instead of defining humanitarianism by adherence to principles that might not work in a particular situation, a more pragmatic and contextualised approach would instead recognise that:

The sanctity of human life is the first principle of all humanitarians and overrides other considerations; but neutrality, impartiality, and consent are second-order principles that may or may not be tactical guides. Traditional principles were developed as a means to safeguard life, but they no longer provide unequivocal guidance and should be modified when necessary (Weiss 1999: 12).

Analysts of humanitarian aid have commented on the variety of positionings that contemporary humanitarian actors adopt, from strict neutrality to solidarity; this variety is argued to be beneficial in that it can allow for a division of labour between organisations that can then access local populations in different ways (Saillant 2006; Slim 1997; Weiss 1999). In an evolving politics of aid to Burma, however, a number of powerful actors could be read as attempting to deny the possibility of such variety. And instead of all humanitarian actors being guided by a unitary and internationally-accepted set of principles, the shifting politics and priorities of powerful donors were defining principles (and their interpretation) that were then used to assess the actions of local-level actors – and to qualify as not humanitarian positions that persisted in going against changing political tides.

Meanwhile, in response to an evolving situation where they faced increasing criticism and a potentially evolving operational space, leaders of groups like Back Pack and Mae Tao Clinic had already asked INGO partners and UNHCR to provide training in international humanitarian law and principles. These leaders explained that they wanted to become more familiar with such frameworks and the ways they applied to – and could perhaps provide them with protection in – the Burmese and Thai contexts. Engagement with concepts that they were initially unfamiliar with but that were being wielded in criticisms of their work was also strategically important. As a foreigner who had worked with the groups for a long time explained:

“I think you need to be able to use the rights terms if you’re going to be talking to

the people that they have to talk with. So I think that's how it will be useful. I don't think it's going to make people stop working with opposition groups or armed groups, it's just going to help them have the right terms for dealing with what they're doing."

In October 2011, UNHCR facilitated a short training in Back Pack's compound on international human rights law and humanitarian principles. The training, attended by members of Back Pack and other cross-border groups, had symbolic as well as practical implications. Prior to the elections, cross-border groups had little contact with UNHCR, to a large extent because of their different spheres of intervention. But the response by ERT led to increased dialogue between leaders of groups operating in the 'legal-illegal' and UNHCR representatives, who operate within parameters defined by official agreements with government authorities. Initial tensions – with UNHCR staff reported to have criticised ERT members for being too political and ERT members criticising UNHCR for not denouncing Thailand's refoulement of Burmese civilians – gradually gave way to increased dialogue. The training in October, held within the compound of an unregistered organisation and attended by people who are illegals in the eyes of the Burmese and Thai states, could be read as a demonstration of increased engagement between organisations operating within different regulatory regimes (Abraham and van Schendel 2005). For Back Pack's leaders, this also indicated increased recognition (albeit a recognition that was short lived).

During my fieldwork, Back Pack's leaders and partners therefore tried to find ways to relate their work to international frameworks. But the issue was not just whether or not aid organisations are neutral and impartial, or whether and how they work with armed groups – or indeed how to provide aid through such mechanisms while minimising potential negative impacts. Debates that arose during my fieldwork highlight dilemmas when networks born of a particular historical and political context are harnessed into systems for channelling international aid to communities in need, and are then faced with an evolving politics of aid. Indeed, powerful government donors had funded cross-border aid since the late 1990s, to a large extent backgrounding or leaving unquestioned more sensitive or complex issues such as political affiliations of these groups or ways in which cross-border aid relies on protection from parties to armed conflict. These issues were increasingly forced into the open by critiques of cross-border aid, changes in

Burma's political landscape, and evolutions in an aid industry, which places ever more emphasis on accountability of local actors to donors' ostensibly apolitical frameworks. In this changing context, groups like Back Pack were increasingly implied to not be 'humanitarian'. And again, although there is no internationally defined unitary model of humanitarianism, the (themselves often politically-motivated) decisions of and attributions of legitimacy by powerful stakeholders in a changing politics of aid contributed to the (re)definition of principles then used to classify local actors as legitimate or illegitimate, humanitarian or not humanitarian.

In the late 1990s, at a time when humanitarian neutrality came to be increasingly questioned at the international level, Slim wrote that "[t]he debate surrounding humanitarian neutrality and its fellow humanitarian principles is a debate about the moral stance or position of third parties in other people's wars" (Slim 1997: 343). But even more than this, decisions that international donors and other powerful actors make concerning how (and whether) to channel aid in conflict situations also amount to outsiders making judgments as to the legitimacy and desirability of different socio-political systems and institutions:

it is inevitable that the leverage from resources necessarily entails judgements by outsiders about what is right and just, about whose capacities are built, about which local groups are favoured (Weiss 1999: 18).

At the time of my fieldwork, shifting attributions of legitimacy – themselves reflecting a changing (geo)political landscape – resulted in groups working with those no longer seen as 'freedom fighters' but as illegitimate 'insurgents' being increasingly defined as illegitimate and not humanitarian. In this context, the argument that cross-border groups can feed into conflict and therefore do harm by legitimising resistance groups in the eyes of local communities became particularly influential (South, et al. 2010). Careful empirical research would be required to assess whether cross-border aid might indeed do harm through links with non-state actors. But the 'politics of truth' (Robben 1995), which were evolving in parallel to shifting attributions of legitimacy made lack of evidence irrelevant: the very fact that cross-border groups have links with non-state actors opposing the state means that in the rhetoric of a number of powerful donors they are harmful by definition.

C. Back Pack's role in a changing Myanmar

“After election, the next day, at the same time, there were troops coming. Villages ran away. Villages were burnt out. Villagers were shot. Rice stores were burnt out. Before the election, we hoped for a lot. Like this, we thought that we would be free to go like others. We wouldn't need to be afraid. [...] I think that it's totally impossible [to stop Back Pack]. From my point of view, it's absolutely impossible. Because the present situation is that the community from our area only get healthcare from Back Pack. [...] So, after the elections, if they [i.e. donors] thought to stop, I would like to suggest to them to go and observe for themselves.” [38 year-old male medic, Karen State]

When I left for Australia in early October 2011, many international observers were optimistic about indications of incremental change after U Thein Sein's government took power in the newly renamed Republic of the Union of Myanmar. But the elections also led to increased conflict and displacement in Burma's borderlands. Following the outbreaks of fighting in Karen State described above, conflict also re-ignited in Shan and Kachin States – with the breakdown of the ceasefire between the *Tatmadaw* and Kachin Independence Army leading to the displacement of an estimated 75,000 civilians by March 2012, and international organisations denied humanitarian access¹⁸³. Human rights abuses targeting ethnic minority communities in border areas continued to be reported. And with the lifting of sanctions and opening of Myanmar to trade and investment, many observers feared increased development-induced displacement and impoverishment of ethnic minority communities. It was also in this context, at the end of November, that Hsa Moo and Waw Lay were detained by *Tatmadaw* troops who accused them of being ‘ringworm medics’.

In January 2012, I returned to Mae Sot. I met Hsa Moo and Waw Lay, who as described in Chapter 5 had just been released after tentative ceasefire negotiations were initiated between the government and KNU/KNLA. At the time, there were many uncertainties around the ceasefire discussions and actors on the ground faced a confusing and potentially volatile context. Neither Hsa Moo nor Waw Lay knew what the future held

¹⁸³ <http://www.hrw.org/news/2012/03/20/burma-reforms-yet-reach-kachin-state> – last accessed 14 August 2012.

for them, and both were afraid that they would again be caught and accused of being ‘ringworm medics’. For the leaders, who drew on past experiences to interpret present uncertainties, initial ceasefires did not mean an end to political conflict or to the injustices they have experienced throughout their lifetimes. Poe Say often told me that “ceasefire is just ceasefire, they do not have any political solution”. The leaders still sought recognition of the rights and freedoms of ethnic minority communities of Burma, which in their eyes will be ensured through a federal government system along the model outlined in the 1997 Constitution of the (hoped for) Federal Union of Burma, drafted by the National Council of the Union of Burma¹⁸⁴ – a framework that originated in the coming together of activist and pro-democracy movements in the 1990s. And it is also within this vision and political framework that the leaders try to envisage Back Pack’s prospects within a future Myanmar, which they continue to call Burma.

Within this context of uncertainty, Back Pack’s leaders drafted a position paper and plan for the period of transition. This outline, which is included below, was to provide guidance to management staff who were being asked questions by donors and other outsiders about Back Pack’s future – and whether Back Pack is still needed in an ostensibly reformed Myanmar (Figure 2).

¹⁸⁴ http://www.blc-burma.org/pdf/Constitution/ncubcon_e.pdf – last accessed 14 August 2012. The National Council of the Union of Burma was founded in 1992 in Manerplaw. The Future Constitution was drafted in 1997.

Figure 2: Back Pack position and plan for transition period (January 2012)

BPHWT Position on Current Political Situation

1. The KNU and Burmese government's initial agreement in principle ceasefire is in the early stages. The political dialogue process must continue in the long-term, in addition to community rebuilding and rehabilitation, integration, and the implementation of basic infrastructure.
2. There is still ongoing fighting in Kachin State and other ethnic areas.
3. Without the inclusion of all ethnic groups in the peace process, political dialogue will not be successful.

BPHWT Plan for the Period of Transition

1. We, the BPHWT, are not a cross-border organization because our health workers live and work in their communities within Burma.
2. All health workers are trained by their local ethnic health organizations and are thus recognized by their communities. However, they are not officially recognized by the central and state governments.
3. The purchase and delivery of supplies and medicine currently originates from across the border, as well as funding. This will continue in this manner until our health workers and logistic aides are guaranteed the freedom and safety to access all areas to provide health care.
4. If there is a genuine political peace process that is mutually respected, the trainings and qualifications of the health workers must be officially integrated and recognized by the central and state governments.
5. Border-based civil society must be integrated and recognized by the central and state governments.

BPHWT Present Position

1. Ongoing cross-border assistance must continue until we integrate, rebuild and rehabilitate our communities.
2. We must converge the work of all CBOs from inside Burma with those in the border regions.

For over a decade, Back Pack's leaders have sustained a system somewhat misleadingly referred to as cross-border aid¹⁸⁵ by tapping into international humanitarian funding. They have done so, however, to support much more than an emergency relief mechanism, and have thus strengthened local-level systems for the sustainable delivery of primary healthcare services to remote and underserved communities. There are of course limitations to the extent to which Back Pack can develop sustainable capacities

¹⁸⁵ The appellation 'cross-border aid' often leads to an interpretation of organisations like Back Pack as comprising only people who are based in neighbouring countries, and who cross over into Burma on short missions to provide assistance to communities on the ground. Instead, as detailed through this thesis, Back Pack harnesses medics who live and work within their own communities, inside Burma's unstable and remote border areas. Only Field in-Charges come into Thailand twice a year, to pick up supplies and bring back data from their target areas. So while Back Pack (the Thailand-based NGO) can be understood as a cross-border organisation, the network for health that it supports is a community-level network, albeit one that for reasons described in this thesis historically functioned 'under the radar'.

for health, given the unstable context and issues such as the turnover of medics. But over the years, Back Pack developed a strong system for harnessing and strengthening resources and networks for health within and between ethnic minority areas. In a changing Myanmar, these resources and networks offer significant potential to be harnessed into above-ground systems for health in remote areas. As one NGO partner often said: it would be absurd to train midwives from Rangoon and send them to work in remote Karen villages, when local TBAs and Mother and Child Health workers have worked there for years, developing strong relationships with local communities. There are also parallels with other situations where existing mobile community-level primary healthcare systems have been adapted to evolving contexts in order to continue to serve remote communities:

“If you look at the Thai model, there was a type of Back Pack system in remote areas of northern Thailand in the past and they created this because they didn’t know when roads, electricity, and so on would come to those areas. So they build up the capacity of TBAs, VHVs, etc. And this was a country that wasn’t even in conflict, but they had a similar model because they knew that it would take a decade or more to get the systems and infrastructure in place so that a mobile health model would no longer be needed.” [*Intermediary NGO partner*]

Some older leaders speculate that in a peaceful Burma, a number of medics might cease working, particularly those recruited from military systems and whose commitment the leaders associate with what they describe as the “struggle period”. But there are also many medics I spoke to who want to be able to continue to provide healthcare in their communities in a post-conflict period and without being in fear of arrest. Towards the end of my fieldwork, Poe Say explained that,

“We are concerned that some people, they will retire. Some people will need to get the legal status. So that’s why we try to do with the international institutions, we try to do with the policy level or the political organisation, we try to do institutional level of like the Burma Medical Association and the Mae Tao Clinic in Thailand here. [...] But also we try to legitimise all our institutions – like we are providing the healthcare here, we are providing the training here by the Back Pack or the BMA or Mae Tao Clinic... We have to bring on the table, to recognise our curriculum by the new government, by the new future government of Burma. If

they need to test, examination, they can do the assessment for the health workers. So this, we are planning to do during the transition period: the people here can get the legitimacy by the recognition of the paper or the certificate – something like that.”

As described in earlier chapters, medics recruited into Back Pack have typically been trained through unofficial systems falling under para-state structures of ethnic nationalist groups. At the time of my fieldwork, partners like IRC had initiated dialogue with Thai institutions, through which it is thought that it might be possible to obtain accreditation for Burmese medics like those working for Mae Tao Clinic – but Back Pack’s leaders see this as less relevant for their medics, who work in a Burmese, not Thai context. Meanwhile, as described in Chapter 5, some Field in-Charges have started to recruit medics trained through government systems and who can implement Back Pack programmes without fear of arrest. Thara Chit Htoo, the Field in-Charge in who recruited Naw Paw Lay (Case 2 in Chapter 5), thus explained that he wants to recruit more medics like her, who have attended official training but have not found employment within a depleted government healthcare system. After meeting Waw Lay and Hsa Moo in February 2012, I saw Chit Htoo again in Back Pack’s compound. When he joined me on the straw mat where I was chatting with a female medic while she fed her baby, I asked him what he thought of the medics’ arrest. He explained that he wants to send more of his medics to attend government training, because then they will then be able to work and travel legally; but he also said that this is only a temporary solution to increase the safety of individuals in his target area. In the longer term, and if real peace comes to Burma – Chit Htoo said he didn’t trust the new government because it had not yet brought peace – then the systems that the medics work with and through need to be recognised.

As demonstrated in Chapter 5, Back Pack works with and through para-state systems, some of which are viewed as illegal and part of ‘insurgent’ networks by state actors; although there is local cooperation and blurring of lines between health workers who belong to theoretically opposed systems, structural divisions are perpetuated by issues of legality, security, fear, distrust and other impacts of decades-long conflict and political instability. For a number of years, some donors funding cross-border groups as well as civil society organisations (CSOs) working legally in Burma have organised

workshops bringing leaders of these groups together. The DfID funding, which Back Pack obtained in 2011, also aims to build convergence and trust between cross-border groups and organisations working legally in Burma. As explained by a representative of the intermediary NGO whose role it is to channel DfID's funding to Back Pack and two Karen CSOs,

“This isn't about convergence between 'inside' and 'outside' – it's all work inside. This came from a desire on behalf of people working on the border to make more connections with people 'inside'. [...] Here, we are dealing with a protracted or chronic emergency. Back Pack is more about building health systems and structures – so it is about community development. And this is why in the long term, convergence is important – because we don't want to have dual health systems.”

According to the DfID proposal, convergence and initial trust building will be achieved notably through exchange of information and gradual standardisation of data collection, health policies and activities between the groups. This process had only just started by the end of my fieldwork, so it is beyond the scope of this thesis to discuss its implementation. The convergence that DfID envisaged, moreover, only focuses on building relationships between Back Pack and two CSOs, neither of which are primarily healthcare providers nor are they part of the government healthcare system.

By the time of my return to Mae Sot in early 2012, however, leaders of Back Pack and partner organisations were engaging in initial discussions about the future of health systems inside Burma's border areas and what 'convergence' with government systems might entail. But there was still much uncertainty and potential for disagreement about what convergence could mean. And as I spoke to the leaders in early 2012, I remembered what one of Back Pack's long-term supporters had told me, long before Burma's elections:

“We don't know what the government system is going to look like in the future and there is no reason for us to wait to provide healthcare in the meantime. In terms of convergence, we should instead look at the ways in which a potential future government system can reach into and adapt to the areas where the community system is already in place – rather than waiting to develop this community system

or assuming that the community system should adapt itself to a government system, the shape of which is still unknown. [...] How do they know what the future health system of Myanmar will look like? It might not be unitary – it could be federal.”

Back Pack leaders' vision, which is linked to their politico-moral worldview, is for their human resources and systems to be integrated and legalised under the ethnic health departments; the latter would be recognised, legalised and integrated into official health systems in ethnic minority areas. Ethnic health departments are thus not seen as “humanitarian wings of armed organisations” (South, et al. 2010: 41), but instead as health systems falling under legitimate administrative structures. Back Pack's leaders therefore see these ethnic health departments as building blocks for the redevelopment of official health systems in border areas. So it was that Back Pack's new Director explained to me in early 2012: ethnic health departments need to be recognised, which depends on ceasefire and political discussions between the government and ethnic nationalist organisations.

For the leaders, once ethnic health departments are recognised at the national level and reintegrated as above-ground health systems at the state level, medics who are presently part of Back Pack teams can work under the resulting state-level system as a community-based primary healthcare service in remote communities. The individual medics will then be certified, legalised and recognised as a community-based system working under the structure of and connecting remote communities to a state-level health system. This agenda can be more broadly understood as the leaders' drive for systems that are framed as licit (through their own attributions of value) to be translated into legal systems through a political model, which will enable their integration, recognition and legalisation. The politico-moral agenda of the leaders therefore entails a search for translation of the licit (defined by social attributions of legitimacy) into the legal (defined by state attributions – Abraham and van Schendel 2005).

For the leaders, moreover, blurring of the lines that can occur at a local level between civilian and military systems under para-state structures is itself a function of a situation of protracted conflict, where ethnic nationalist organisations are reduced to illegal insurgency movements. In a Burma in which the rights and freedoms of ethnic

minorities are recognised and fulfilled, the leaders argue that medics will no longer need armed protection – systems that the medics work with and through will no longer have to be on the defensive. Health systems run under these ethnic nationalist organisations can then be fully separated from the governance and military systems of the latter, and integrated into federal state administrative structures. This vision in turn explains one leader's response when I asked him about the viability of sending Back Pack medics to government training, in order for them to obtain official certificates and to prevent the reoccurrence of cases such as Waw Lay and Hsa Moo's. For him, the priority is not to get recognition of the skills and knowledge of individual medics. Instead, health systems – including systems for training medics – coming under the ethnic health departments need to be recognised, which in turn depends on a political resolution of the conflict. The leader explained:

“We are trying for to the federal state. At the moment we have barriers like the 2008 Constitution, which does not provide for a federal system but instead for a centralised system. For convergence, we should converge the Constitution and not just systems like health – we need integration and convergence of the two constitutions¹⁸⁶.”

The problem of legitimacy – and the difference between legality and licitness – is again key (Abraham and van Schendel 2005). At stake in the evolving politics of cross-border aid at a time of significant political change is the leaders' continued search for recognition of the oppression and injustices that ethnic minority communities have suffered, and of the socio-political systems that they consider legitimate.

¹⁸⁶ The leader was referring to the 2008 Constitution, which was implemented after a much-criticised referendum immediately after Cyclone Nargis. Opposition groups have rejected the referendum as rigged and condemned the Constitution for safeguarding centralised military rule. Back Pack's leader was contrasting this to the Constitution of the Federal Union of Burma, which as described above was developed in 1997 and resulted from the coming together of the ethnic nationalist and democracy movements.

D. An end to the struggle?

On my first day back in Back Pack's office in January 2012, Poe Say told me in his typical jocular manner about yet another foreign journalist who had come to his office looking for a good story. The journalist had asked Poe Say whether Back Pack was neutral, and told him that since they are humanitarians, they should be neutral. Poe Say told me that he had responded, "we are not service providers: we are the community; so we cannot be neutral". I asked him again what he thought about the Do No Harm framework. "This is better", he said, but "if we don't do anything, we will do harm". In the current context, he went on, many donors and NGOs seemed to have a "wait and see" attitude; but better to "work and see, not wait and see". Back Pack, he explained, has the capacity and the human resources; if they stop working now and if they don't get recognition for the administrative structures of the ethnic health departments, they will have wasted over a decade building the capacity of health workers and systems.

By this stage, the Emergency Relief Team was still supporting 6,000 Karen villagers who had fled fighting after the 2010 elections. But these people had fallen off the international radar. Back Pack itself had obtained more funding for 2012 than the previous year, with support from DfID and scaled up funding from a Dutch NGO. So the anticipated loss of donor funding was not immediately apparent. But as the political playing field and associated attributions of legitimacy shifted away from actors on the border, there remained a fear that men and women who have spent decades struggling for the rights and freedoms of their people will be excluded – donors and other powerful stakeholders looking towards working with and through systems approved by the new government of Myanmar. International observers sometimes scathingly call this a 'fear of irrelevance'. But in Back Pack's case, at a practical level, there is genuine concern that the efforts gone into developing human resources and systems for primary healthcare provision inside Burma will be sidelined rather than harnessed into official, above-ground systems. At a less tangible level, these fears also have to be understood in relation to the embodied histories of state violence of actors who became part of cross-border networks and who function within a politico-moral worldview, which for over a decade was legitimised at the international level before being called into question at a time of significant albeit uneven and uncertain change.

Back Pack medics and leaders face an uncertain future, which they inevitably interpret in relation to past experiences and an embodied history of state violence, oppression and injustice (Fassin 2007; 2008). Many younger men and women I met and worked with had trouble even imagining what their lives would be like in a situation of peace and in which the rights and freedoms their leaders speak of might be realised. Many spoke of a utopian future, where they would retire and live a simple life on a farm or on a fishing boat. Many others vowed to keep providing healthcare services to their communities, but did not know how or when they might no longer be considered enemies of the state. Some older leaders tried to envisage a future working under an officially-recognised ethnic health department. One leader joked that I will meet him again when he is working for the Ministry of Health in Karen State. But others like Poe Say told me that they have to give way to a new generation, more suited to the task of rebuilding welfare systems in a post-conflict situation:

“I believe that the next generation – I believe, I trust to them. [...] Because even the people who are setting up the system, [those] who are struggle for the revolutionary person and [those] who are not revolutionary person, it is very different. If I involved there, maybe I can see, I will against everything, like that. Because you are come from, your experience is very dangerous, very difficulty [...] So that’s why the revolutionary period, the fighting for freedom period, who are working here, should be stop during the transitional period.”

The question, however, is when and how to define when the struggle period has ended. For Back Pack’s leaders, when I left in March 2012, their struggle was not yet over.

Conclusion: The Politics of Humanitarian Aid: politics of life and politics of value

Several months after Burma's elections, I was talking to Naw Moo Lay, one of Back Pack's office workers. She had been a teacher in Karen State before fleeing to Thailand in 1997 when *Tatmadaw* troops occupied her village. Fourteen years later, she was still a 'displaced person' and her two children had never set foot on the land she calls home. I asked her if the elections changed anything for her, and if she thought she would return to Burma. She shook her head sadly, then said,

"Because of the SPDC government, I don't want to be a human being in Burma. If the political change, or new government... new government means, so every people can be accept[ed], naw? It mean[s] where's justice, where give a chance to every civilian. So I will be a human being."

The time during which I conducted fieldwork on the Thai-Burma border was one of uncertainty for men and women like Moo Lay, whose life experiences are framed by a history of state violence, oppression and injustice. Earlier, telling me her story, Moo Lay had angrily described the rape of her cousin by a *Tatmadaw* soldier, just days after the young woman had given birth. Relating this experience to her work with Back Pack, she told me, "That's why now I want to help my community, my civilians, my people, to be safe from the SPDC – or to get justice, real justice".

This conversation took place five months after Burma's elections. Increased conflict and displacement had initially seemed to confirm the prediction that the elections would entail further suffering for ethnic minority communities. But as evidence of incremental political change in Burma corroborated shifting attributions of legitimacy at regional and international levels, cross-border groups faced an evolving operational space and (geo)political landscape. There were fears that groups like Back Pack, which offer significant potential for the sustainable development of above-ground social and welfare systems in Burma, would be sidelined. Shortly after my fieldwork, one of Back Pack's long-term donors withdrew funding, redirecting support to what were described as peace and reconciliation programmes inside Karen State – programmes implemented

with state approval. Concerns expressed by leaders of groups like Back Pack that they would lose funding and be excluded from efforts to rebuild official social and welfare systems in border areas were often dismissed by observers as a 'fear of irrelevance'.

As illustrated through this thesis, however, international donor funding can mean more than just financial support for local-level humanitarian actors; and efforts to maintain and increase such funding cannot just be dismissed – as they sometimes were during my fieldwork – as driven by an older generation of leaders refusing to accept change and seeking to maintain their current positions and influence. Instead, the evolving politics of aid to Burma need to be understood in relation to shifting attributions of legitimacy at different scales, and to the ways in which these shifts can, at different times, clash or converge with the worldviews of actors involved, as well as contributing to specific actors, systems and practices being categorised as humanitarian or not humanitarian.

A year before I started working with Back Pack, Marc Duffield described ways in which political conflict in Burma had expanded into an internationalised battle space over the legitimacy of diverse actors competing for the authority to speak and act on behalf of Burma's diverse peoples (Duffield 2008). More recently, Ashley South related what he describes as the non-neutrality or political affiliations of cross-border groups to their attribution of legitimacy to non-state actors resisting the Burmese government – and in particular, to the Karen National Union and its armed wing, the legitimacy and representativeness of which he questions in recent writings (South 2011; South, et al. 2010). However, these and other researchers have paid relatively little attention to the life experiences, worldviews and values behind attributions of legitimacy by local aid workers to the systems in which they become involved. In addition, they have not acknowledged links between an evolving politics of aid to Burma – and changing international attitudes towards cross-border aid – and shifting attributions of legitimacy by actors at different scales to the diverse socio-political systems in Burma. Instead, recent work by researchers who have addressed the issue of cross-border aid has tended to feed into – rather than attempt to understand or overcome – an often emotive and polarised debate, in which by the time of my fieldwork it had become almost impossible to even attempt to 'sit on the fence'.

In this concluding chapter, I will synthesise and draw conclusions from the findings of the research described in this thesis. I will relate these findings to conceptual tools outlined in Chapter 1, and highlight what this ethnography contributes to anthropological understandings of ‘humanitarian government’ – the latter defined as a government of precariousness (Fassin 2012). In particular, I will discuss ways in which an appreciation of embodied histories of violence can shed light on agents’ ways of being in the world, and on their attributions of legitimacy and illegitimacy to the actors, systems and flows they encounter in their daily lives. I will highlight ways in which tensions and inconsistencies in international humanitarian systems become more obvious at a time of (geo)political change. I will describe ways in which shifts in attributions of legitimacy over time and at different scales can contribute to specific actors, systems and practices being (re)defined as illegitimate or not humanitarian. And I will conclude by summarising what is at stake in the debate around cross-border aid and – as a way to overcome the polarisation that has marred the Burmese aid debate in the past decade – identify how this ethnography contributes to an understanding of humanitarianism as an unequal politics of life and politics of value.

Understanding a ‘humanitarian struggle’

The first part of this thesis explored the ‘logics’ and worldviews of actors involved in a system that came to be known as cross-border humanitarian aid. Back Pack’s history, described in Chapter 3, is linked to the history of a socio-political movement. The organisation was created in the coming together of key individuals with links to the 1988 democracy movement or ethnic nationalist groups opposing a military regime condemned internationally for systematic and widespread abuses against civilian populations. Over time, and with the assistance of partner NGOs who enabled access to international financial and political support, what began as an ad-hoc response to a situation that Back Pack’s founders considered intolerable developed into a strong and sustainable network to support primary healthcare systems in conflict-affected and remote border areas.

Back Pack’s developing model of humanitarianism fits neatly into international trends for aid to be community-based, participatory and sustainable. This model is also linked

to an organisational ideology, which has its origins in the founders' reactions to the oppression and suffering driven by the military state – which they and subsequent Back Pack medics experienced first-hand – and came to be expressed through the language of human rights. Through partnerships with international public health experts, Back Pack's work thus came to be framed within a health and human rights discourse, which strongly echoes the rights-based, liberal democratic values of international audiences appealed to for funding and political support. Ten years after its creation, Back Pack was the largest supporter of healthcare to Burma along a model described as cross-border, and an influential yet controversial player in the politics of aid to Burma.

In Chapter 4, the impacts of a history of political violence, oppression, injustice and competing claims to socio-political legitimacy are explored through different Back Pack members' life stories. The construction processes of which suffering is at the same time the object are also acknowledged. Indeed, for those whose life stories are framed by direct and indirect state violence, suffering is a reality, which shapes their ways of being in and interpreting the world. Yet human suffering and the affects of those identified as victims also become resources in an international politico-moral economy within which discourses of victimhood can garner support for specific humanitarian actors, systems and practices (Fassin 2004a; 2012; Fassin and Bourdelais 2005; Fassin and Rechtman 2007; Kleinman, et al. 1997; Kleinman and Kleinman 1991; Rieff 2002; Truchon 2007).

Although different, the life stories of men and women who become involved in Back Pack are similarly framed by what can be conceptualised as an embodied history of violence. As described by Fassin, this embodied history is at once personal and collective; it ensures the continuity of the past in the present by providing a deeply-ingrained framework for people's experiences and worldviews; and as such, it is a lens through which it is possible to interpret the everyday reasonings, choices and actions of individuals and groups (Fassin 2007; 2008). The stories of the Back Pack medics, office staff and leaders tell of a deeply ingrained memory of oppression and injustice perpetrated by the Burmese military state, personified through its soldiers. This memory, which is both personal and collective, provides the affective backdrop to their experiences, worldviews and actions. Even when they themselves haven't directly experienced state violence, their formative experiences generally tell of having

assimilated a fear of the state and its soldiers. Their life stories then reinforce a worldview in which the state is the driver of the oppression, injustice and deep-seated inequalities, which result in the suffering of ethnic minority communities.

Conceptualisation of embodied histories of state violence should not, however, lead to a systematic reduction of individuals' actions to the type of everyday resistance described by James Scott (Scott 1989). Although cross-border aid has been analysed as supporting everyday resistance against state-driven oppression (Hull 2008; Phan and Hull 2008), many of those involved do not perceive their actions in such terms. At the same time, a politics of memory of the type described by Fassin can conceal differences between individuals and groups (Fassin 2007; 2008). The stories of Back Pack members reveal a diversity of structural forces, competing pressures and potentially clashing value systems that can influence an individual's life opportunities, choices and trajectory. Becoming a medic is in many cases one of few choices available to individuals in a context of chronic deprivation and instability. And while for Back Pack's founders and leaders, the duty to serve the community is understood as a politico-moral responsibility linked to the struggle for the rights and freedoms of Burma's peoples, for younger medics this duty is more often understood in relation to mechanisms that enable individuals to access higher-level knowledge and skills. These mechanisms in most cases function through the type of patronage systems that Scott describes as ordering social relations in many parts of Southeast Asia (Scott 1972). Culturally-specific forms of social solidarity can thus be important mechanisms through which individuals and groups are linked into – and become committed to – a system labelled as humanitarian (Malkki 2007).

As also described in Chapter 4, tensions that can at times arise from the leaders' attempts to foster 'unity within diversity' and to promote the type of commitment that they seek in their staff highlight values that the leaders seek to institutionalise, thereby also drawing attention to a developing organisational ideology (Atlani-Duault 2005; Verna 2007). Back Pack's historical evolution resulted in the co-existence of an older generation of medics – who share a commitment to the struggle for the rights and freedoms of their communities – with a younger generation of medics who are linked into Back Pack through a variety of mechanisms and remain part of diverse systems

with their own ways of functioning. In addition, as Back Pack became institutionalised as an internationally funded NGO, the leaders recruited a growing number of Thailand-based staff, with sometimes significantly different experiences and motivations to those of the founders. Tensions around the issue of resettlement, in particular, highlight the existence of potentially competing pressures and values, as well as the specific type of commitment sought by the leaders. Out of this heterogeneity, moreover, the leaders seek to create a wider unity – but a unity that, in contrast to a state seen as destroying ethnic identities, emphasises and promotes diversity.

Back Pack members from diverse areas and ethnic groups – and sometimes from different ‘sides’ of shifting political divides – identify with a wider community defined as ethnic in opposition to a state defined as unjust in its treatment of ethnic minorities. The trope of inter-ethnic unity, concretised in the wider Back Pack community, is simultaneously inclusive and exclusive: it brings together diverse individuals and groups, but constitutes a moral boundary with the state. The latter is personified through its soldiers but also often conflated with the dominant Burman ethnic group. So just as ethnicity has been analysed as constructing social boundaries, here inter-ethnic unity (re)produces a politico-moral boundary with a harmful and illegitimate other (Nagel 1994; Wimmer 2008). The inclusion of medics working in ceasefire areas is also significant in an evolving politics of aid, since Back Pack’s support for these areas signals a continued need for cross-border aid and demonstrates that the alignment of ceasefire groups with the state has not ended local communities’ suffering. In addition, by bringing together increasingly diverse individuals and groups, Back Pack is posited as representing Burma’s multi-ethnic but similarly oppressed communities. Back Pack’s ‘unity within diversity’ thus also contributes to Back Pack’s positioning in a shifting politics of aid. But to qualify the drive to create ‘unity in diversity’ as purely instrumental would do insufficient justice to the leaders’ commitment to the vision they try to institutionalise, with their organisation becoming a microcosm (albeit an imperfect one) of a hoped-for democratic and federal Burma.

The complexity of motivations, competing pressures and sometimes conflicting value systems, which is revealed through individuals’ life stories, is mitigated through an organisational *Weltanschauung* that is shaped by the founders’ politico-moral vision but

also reflects and is reinforced by diverse members' common experiences of state violence, oppression and injustice (Lissner 1977; Verna 2007). This complexity, moreover, is sublimated within public representations of the victim-medic. The duty to serve the community is then elevated to the level of a politico-moral project encapsulated in the idea of 'humanitarian struggle'. This humanitarian struggle implies that the provision of humanitarian aid is part of a wider struggle against oppression and injustice. It is thus also a search for social justice through a struggle for the rights and freedoms of ethnic minority communities. The subjectivity of the Back Pack medic then highlights the state's denial of the rights of its peoples. It also becomes a powerful symbol of a humanitarian struggle that historically filled the gap left by the failure of international human rights and humanitarian systems to protect and fulfil the rights of Burmese communities, and to ensure the provision of aid in a context of state restrictions on humanitarian access and violence against civilian populations.

The subjectivity of the medic can also be seen to transcend the (largely mythical) tropes of the passive victim and active aid worker, often found in representations of humanitarianism (Fassin 2012; Rieff 2002; Saillant 2007). The medic is simultaneously victim of state violence and agent acting to mitigate its effects. The medic as victim then has the authority to speak and act on behalf of Burma's suffering communities. The medic as victim-humanitarian is also associated with a politico-moral message, in which the 'chronic emergency' in Burma is identified as driven by an illegitimate and abusive state, and democratic federalism is identified as the solution to ending the suffering of ethnic minority communities. The figure of the victim-medic then potentially clashes with common constructions by international humanitarian discourses and practices of apolitical (and generally 'innocent') victim subjectivities (Fassin 2012; Rieff 2002; Saillant 2007).

Rony Brauman famously described humanitarianism as defining the limits of that which is tolerable (Brauman 1996). But the way in which humanitarian actors, systems, discourses and practices define the intolerable – and similarly, the way in which they identify and represent victims – is itself a political and moral process (Fassin 2004b; 2012; Fassin and Bourdelais 2005; Fassin and Rechtman 2007; Saillant 2007). As evidenced through these chapters, Back Pack's work continues to be guided by the

politico-moral vision of its founders and older leaders (Verna 2007), which is itself framed by embodied histories of state violence and a resulting Manichean view of the world. Back Pack also combines its role as a provider of humanitarian aid with international advocacy, thereby fitting into a broader history of organisations that, following the creation of Médecins Sans Frontières (MSF) in 1971, see testimony as an integral part of humanitarian action (Redfield 2006; Rieff 2002). Back Pack's version of humanitarianism is then intricately linked to the promotion of a particular 'motivated truth' – a truth, which links evidence derived from a specialised field of knowledge to moral values and a call for political action (Redfield 2006).

Back Pack differs significantly from international organisations like MSF, however, in being an evolving product of the socio-political context in which it works. Through its very labelling as a Community-Based Organisation, it is posited as representative of the communities it serves. The particular 'motivated truth' that it promotes is derived from – and legitimised by – its members very real experiences of violence and suffering. And unlike the type of humanitarian testimony by international organisations like MSF, which has been analysed as potentially crystallising a division between those who speak and those who are spoken for (Fassin 2012; Saillant 2007), Back Pack's organisational discourses and the subjectivity of the Back Pack medic denies any such distinction: the medic is at the same time victim, witness and actor. This ethnographic example therefore highlights the need to analyse the particularities of different humanitarian models and the processes of witnessing they engage in. While INGOs like MSF might indeed crystallise ontological differences between those who speak and act and those who are spoken and acted for, other humanitarian organisations – particularly organisations that are linked with socio-political movements – can collapse such differences. The victims of political violence are then at the same time witnesses of this violence and actors in systems to mitigate its effects. The collapsing of these differences is, moreover, significant in terms of a specific humanitarian organisation's positioning and legitimacy within an evolving politics of aid.

Like many other organisations grouped under the label of humanitarian, Back Pack's advocacy draws on a dualistic discourse of victimhood, in which statistics establish the seriousness of the problem while compassion appeals to the public's emotions, moral

sentiments and sense of justice (Fassin 2004b; 2012; Fassin and Rechtman 2007). Through the health and human rights framework, Back Pack tells of violence and suffering through the type of empirically verifiable register increasingly required by an international aid industry, which dictates that aid programmes be evidence-based (Gross-Stein 2008; Terry 2002). But a more subjective, affective register also appeals to international actors' compassion and reactions to injustice. This dualistic discourse links values and affects, thereby constructing a political and moral cause, and serving to both define and justify a particular model of humanitarianism. It could then be argued that the approach to humanitarian action that is justified is based on what Fassin describes as "the legitimate principles of humanitarian intervention: the defence of victims and the appeal to emotions." (Fassin 2012: 221). But Back Pack's humanitarianism is also framed within and justified by what its leaders see as a legitimate search for justice and for the recognition of victims as political actors with – as discussed below – the right and power to define the type of political system that will enable the protection and fulfilment of their rights.

In analysing these first ethnographic chapters, I have highlighted the subjectivity of the Back Pack medic as, simultaneously, victim of political violence, witness who testifies to this violence, and actor who not only mitigates some of its effects but also symbolises a politico-moral struggle. In relation to the process of witnessing, the victim-medic can then be conceptualised as simultaneously *testis*, who can testify on basis of observation, and *superstes*, who as a victim and survivor of events can testify on the basis of experience (Fassin 2007c; 2012). As Fassin describes of the *testis* and *superstes*, "[t]he validity of the latter is based on the affects it engages, that of the former on the affects from which it distances itself" (Fassin 2012: 205). The dilemma evidenced through Back Pack's case is that – in an evolving politics of aid where attributions of legitimacy by powerful international actors began to clash with those of local-level actors – an organisation born from a particular socio-political context and whose members are in the position of *superstes* was dismissed by some as not credible as a *testis*, or indeed as a humanitarian actor. Back Pack is therefore in a liminal position, not only on the border and – as discussed below – in terms of attributions of licitness, but also in relation to its position as a humanitarian witness and actor. This positioning had historically contributed to Back Pack's ability to obtain international funding and

political support. But in an evolving politics of aid, it also became a basis for critics of cross-border groups to categorise the medics as not humanitarian, when in fact by their work and actions they truly are humanitarian.

The politics of aid through the lens of shifting legitimacies

The act of humanitarian testimony is related to the problems of neutrality and impartiality, which are often incorrectly construed as synonyms. As described in Chapter 1, the rejection of the Red Cross' interpretation of neutrality as confidentiality led to the birth of a humanitarianism that combined political outspokenness with the impartial provision of aid (Redfield 2006; 2011). But analysts have questioned how a humanitarian actor can act as a witness without becoming confused with political groups and systems that also claim to be defending the victim's cause (Fassin 2012; Rieff 2002). The issue becomes particularly complex for an internationally funded organisation like Back Pack, whose members are products of a history of political violence and work with and through socio-political systems in their target areas. It also needs to be related to the question of humanitarian intervention, and to an international context that has seen a multiplication of often contradictory models and practices of humanitarianism – a context in which frameworks such as the Responsibility to Protect exist, but without any consensus or supra-state authority to determine their implementation in situations where civilian populations are a deliberate target of state violence and/or state authorities deny humanitarian access to these populations (Chandler 2007; Rieff 2002; Saillant 2006; 2007).

These debates are not new and the history of humanitarianism can to an extent be read as a history of disagreements and divisions concerning humanitarian neutrality, impartiality and intervention. By the time I began fieldwork on the Thai-Burma border, however, the neutrality debate in particular was often presented as something almost novel, the political and ethical questions it raises as breaking new ground. Donors increasingly questioned the transparency of organisations they had sometimes supported for over a decade, and justified a growing focus on monitoring and evaluation as driven by a concern that aid (and cross-border aid in particular) might fuel fighting – or, at the very least, legitimise armed non-state actors in the eyes of aid beneficiaries. Donors

opposing cross-border aid increasingly justified their position by referring to foreign researchers' critiques of cross-border aid – the latter provoking sometimes emotive reactions from people I worked with on the border. And local-level humanitarian actors were presented with an ostensibly new set of humanitarian principles – which, as described in Chapter 7, were a reformulation of the Red Cross' principles – as if these were unitary and universal. Throughout the lead up to and aftermath of Burma's elections, it was at times as if debates that had initially emerged from the Biafran crisis in the late 1960s and had been reignited in subsequent contexts where aid was implemented in cooperation with para-state systems had not happened. It was almost as if actors on and beyond the border were operating in a historical 'bubble'.

Abraham and van Schendel define the borderlands as a space where “[t]he political and geographic limits of sovereignty imply the presence of competing authorities, whether other states or non-state ideological affiliations” (2005: 23). In Burma's contested borderlands, where communities often have to negotiate multiple authorities and armed groups, Back Pack medics work with and through diverse socio-political actors and systems, which can include resistance and ceasefire groups. As described in Chapter 5, Back Pack's model for supporting local-level primary healthcare in an increasingly wide and heterogeneous geographical and political space results in a system where, at the level of its different target areas, Back Pack is better conceptualised as a network enabling various forms of capital to be channelled to ethnic health organisations or civil society groups on the ground (Back Pack is something). At the community level, Back Pack effectively disappears and in its place are individuals belonging to different mother organisations, which have their own systems and ways of functioning (Back Pack is nothing). This system enables Back Pack to strengthen local-level capacities and systems for health in areas under the control of different socio-political and military actors. To outside observers, however, it can be difficult to determine where Back Pack ends and a non-state actor begins – and this became increasingly problematic in an evolving politics of aid that entails shifting attributions of legitimacy.

Links between embodied histories of violence and ways that internationally funded aid can 'work out' on the ground are illustrated in Chapter 5, through stories of medics implementing Back Pack programmes in different parts of Karen State. Both stories

demonstrate the difficulty of applying principles of neutrality and impartiality to a complex and volatile context shaped by decades of conflict, violence and competing claims to socio-political legitimacy. In this context, embodied histories of state violence impact on the ways those implementing aid view the world, and on their identification of partners and enemies within it (Fassin 2007; 2008). Although in theory “there is no friend nor enemy in the field of health”, even the bare life (Agamben’s *zoe*) of injured or sick patients can be difficult to see without the socialising lens afforded by embodied histories of violence and a profoundly embedded fear and distrust of the state, personified through its soldiers (Agamben 1998). Reciprocal relationships can be created with individuals working within state systems; but state systems and systems that Back Pack medics work through remained, at the time of my fieldwork, divided by issues of legality and security, as well as fear, distrust and other long-term impacts of a history of political violence. Systems that medics work with and through to provide healthcare to their communities also contribute to them being labelled by state actors – for whom there is no such thing as medical neutrality and no distinction between civilian and military targets – as part of outlaw or ‘rebel’ networks (Gallant 1999), even if they themselves aren’t part of a resistance group and perceive their roles and actions in a radically different fashion.

Comparing and contrasting state definitions of legitimacy (defined in terms of legality) with social definitions of legitimacy (defined in terms of (il)licitness) enables a fuller understanding of the functioning, development and evolution of cross-border aid, and of evolving politics of aid more generally. Throughout these chapters, I have drawn on Abraham and van Schendel’s analysis of the making of (il)licitness in transnational networks and flows, and adapted and expanded their conceptual framework to compare attributions of legitimacy to cross-border aid – and to the systems that cross-border aid works with and through – by different actors, at different scales, and in relation to (geo)political changes over time (Abraham and van Schendel 2005). Attributions of legitimacy are linked to the values that actors attribute to such systems. Values ascribed by Back Pack members to different actors, systems and practices are shaped by an embodied history of violence (Fassin 2007; 2008). Individuals implementing cross-border aid – who often work with and through groups and systems designated as illegal ‘rebels’ by the Burmese state – thus see themselves as working with and through

legitimate or licit actors and systems (Abraham and van Schendel 2005). For them, the state is a predatory force rather than a legitimate authority. Within Back Pack as an organisation, ethnic nationalist groups are posited as legitimate political authorities, representative of Burma's diverse ethnic minority communities. But by the time of my fieldwork, political and geopolitical changes were mirrored by powerful international actors increasingly questioning the legitimacy of such socio-political systems.

Chapters 6 and 7 shift the scale of analysis to what the leaders describe as their international partnerships, and to Back Pack's position in and attempts to impact on an evolving politics of aid. Intermediary NGO partners act as brokers, enabling access to funding and political support for an organisation working in the realm of what one of its leaders calls the 'legal-illegal' (Mosse and Lewis 2006). But for the leaders, donor funding means more than financial support and indeed confers international credibility and legitimacy to their work – and, by association, to the systems that they work with and through, and to their vision of and for Burma. As such, donor funding can be read as a form of Bourdieusian symbolic capital within the internationalised competition of legitimacies described by Duffield (Bourdieu 1986; Duffield 2008). As discussed in Chapter 6, however, obtaining increasing amounts of donor funding ear-marked for humanitarian aid can compel the organisation to demonstrate in increasingly transparent and accountable ways that it fits into definitions of humanitarianism that are elaborated at a level far removed from the 'messiness' of a situation of protracted conflict and violence – a level where the myth of apolitical aid can to a greater extent be maintained.

Donor governments – and some donors more than others – thus historically attributed legitimacy to Back Pack's humanitarian struggle. Yet a paradox illustrated through this ethnography is that obtaining increasing amounts of international donor funding can compel an organisation born out of a particular socio-political context to conform to donor requests and agendas in ways that can sometimes clash with its members' politico-moral worldview. As illustrated in Chapter 6, this becomes particularly evident through donors' growing focus on monitoring and evaluation, which involves Back Pack in increasingly stringent demonstrations that it is walking the walk as well as talking the talk of the type of humanitarianism that donors are willing to fund in a particular (geo)political context. And although donors' decisions of which actors and

programmes to fund are influenced by (geo)political considerations – as well as international frameworks and considerations of humanitarian need – the discursive register and mechanisms through which such funding works might be seen to operate an anti-politics machine (Ferguson 1990). What those on the ground see as a political and moral issue then comes to be largely reduced to a technical problem requiring a technical solution, and donors' (geo)political agendas are framed in technical and generally unobjectionable terms.

So while Back Pack's leaders seek legitimacy at the international level for their humanitarian struggle, the source that they derive this legitimacy from simultaneously forces them into a new struggle: a struggle against the depoliticisation of what is, for them, indivisibly a humanitarian project and a politico-moral mission. The leaders' humanitarian struggle and their actions within an internationalised politics of aid to Burma, however, cannot just be reduced to a reactive model of resistance. Those who might be conceptualised somewhat simplistically as resisting powerful forces have their own politics and agendas (Brown 1996; Ortner 1995). Back Pack's local-global partnerships illustrate the ways in which actors at different levels can wield different discourses and forms of capital to pursue their own agendas within a specific type of 'humanitarian encounter' (Rossi 2004; 2006). This 'humanitarian encounter' involves diverse actors with unequal positions within multi-tiered fields of power. And in this case, as the (geo)political playing fields shifted in favour of those opposing cross-border aid, definitions of humanitarianism that emphasise the type of political neutrality historically endorsed by the Red Cross movement came to be imposed onto local actors who, when they did not conform to these definitions, were dismissed by more powerful actors as unprincipled or not humanitarian.

The symbolic capital conferred through donor funding for cross-border aid is all the more important in an international system where the legitimacy of humanitarian interventions or actions is not contingent on international frameworks alone, but depends on their mobilisation and implementation by powerful state actors (Chandler 2007; Rieff 2002; Saillant 2006; Weiss 1999). In an international system of 'humanitarian government', which has witnessed the proliferation of often conflicting frameworks and models for humanitarianism, funding from powerful government

donors thus becomes a defining factor, conferring legitimacy if not legality to specific actors, systems and practices. Funding from powerful government donors can thus be read as enabling the definition and delineation of legitimate humanitarianism.

Historically, international laws and frameworks for humanitarian intervention were not mobilised to ensure the provision of aid in parts of the borderlands where the Burmese government restricted humanitarian access. International actors were divided as to the legitimacy of mechanisms for the provision of aid, which were seen by the Burmese state as an illegal violation of sovereignty (Duffield 2008). Support for systems that came to be known as cross-border aid was then mobilised on a case-by-case basis. Government donors based their decisions to support or not support such systems on a range of factors, including political and geostrategic considerations and not just international frameworks or impartial assessments of need. As described in Chapter 6, in the decade following its creation, Back Pack succeeded in obtaining increasing support from powerful government donors. This support conferred legitimacy to a 'solidarist' model of humanitarian assistance (Weiss 1999), which can then be seen as a licit (if not legal) suspension of sovereignty to ensure humanitarian access to populations in need of aid (Abraham and van Schendel 2005). But with shifts in the dynamics of conflict in Burma's borderlands, with claimed improvements in humanitarian space after Cyclone Nargis in 2008, with the argument that humanitarian access could/should be ensured by engaging with state authorities, and with engagement increasingly seen as a means to promote political change in Burma and counterbalance China's growing influence in the region, the legitimacy of cross-border aid came to be questioned more and more at regional and international levels.

These tensions were heightened in the time leading up to and following Burma's first elections in over twenty years. As evidenced throughout this thesis and reiterated through the discussion in Chapter 7, Back Pack's leaders' goals extend beyond the provision of healthcare for Burma's civilians. For over a decade, these leaders have drawn on an international humanitarian system to pursue what is in their eyes indistinguishably a moral, political and medical project. In an age where powerful states have become key determinants in international 'humanitarian government' (Fassin 2012; Rieff 2002), the leaders had been able to expand their health programmes and

gain legitimacy for their work – and by implication, for their vision of and for Burma – at a time when their own attributions of legitimacy were to an extent echoed by or at least didn't clash in fundamental ways with attributions of legitimacy by and the (geo)political interests of powerful donor governments.

When the political tides changed in Burma and the wider region, which also entailed shifting attributions of legitimacy at the international level, Back Pack's leaders' continuing refusal to be just apolitical victims was seen by a number of powerful stakeholders as increasingly problematic. By the end of my fieldwork, significant shifts were illustrated notably by some donors' attempts to impose a new set of humanitarian principles onto actors on the Thai-Burma border. These attempts amounted to categorising actors who do not abide by a strict definition of political neutrality (rather than impartiality) as not humanitarian, thereby denying the reality and benefits of multiple models for humanitarian action (Slim 1997; Weiss 1999), and theoretically imposing a model that historically failed to meet the humanitarian needs of communities in Burma's borderlands. The irony, moreover, is that this narrow and ostensibly apolitical definition of humanitarianism is used to frame and justify trends in 'humanitarian government' that are themselves inextricably linked with the evolving political and (geo)political concerns of powerful donor governments.

The tensions and often emotive reactions that emanate from an evolving politics of aid therefore need to be understood in relation to shifts in attributions of legitimacy at different levels, and ways in which these can clash or converge with the worldviews of those involved. Back Pack leaders' vision of and for the world has remained consistent since they founded the organisation in 1998. What has changed in often disconcerting ways is the playing field in which these actors attempt to gain recognition for this vision – which also translates into recognition for the suffering that they feel their communities have been subjected to by an illegitimate, predatory and abusive state. The cognitive dissonance and understandably emotive reactions that can be provoked when those seen for decades as the 'good guys' come to be blamed for fuelling conflict in turn need to be understood in relation to an embodied history of violence. This embodied history, as described throughout this thesis, provides the framework for Back Pack's members' understandings of and actions in the world (Fassin 2007; 2008). This history

and the re-politicised subjectivity of the victim that is associated with it became one register through which Back Pack's leaders seek legitimacy at the international level – thus demonstrating ways in which actors, far from being passive victims, can adopt a critical stance towards an embodied history of violence and utilise this as a basis through which to pursue a political and moral agenda. But this history is also what can be seen to the impede leaders and medics whose stories and perspectives are described through this thesis from trusting that Burma's elections in 2010 and the new government's promises of political change are genuine.

Beyond the debate: humanitarian government as a politics of life and politics of value

This research demonstrates the importance of analysing systems through which humanitarian aid works from the perspective of values attributed to these systems by actors at different scales of analysis and in relation to wider political and structural changes. And it is precisely within the marginal spaces at the peripheries of states' definitions of legality – liminal spaces through which systems such as cross-border aid function – and at times of significant (geo)political change that the sometimes diverging attributions of value by actors at different scales to systems that enable the government of human lives are highlighted.

Attention to the life experiences and embodied histories of those implementing aid programmes leads to a better understanding of their attributions of legitimacy and illegitimacy to the different actors, systems and practices that they encounter in their lives and work. It also leads to a better understanding of tensions that can arise, when donors fund systems for aid delivery that are a product of a particular socio-political context and, in so doing, compel these organisations to abide by their ostensibly apolitical definitions of humanitarianism. Attention to the controversial issue of neutrality, in particular, highlights the contradictions and hypocrisies of an unequal system of 'humanitarian government', within which powerful actors support aid systems that are a product of a history of protracted conflict and state violence, and then require these systems to be apolitical – when the factors guiding donors' choices about where and how to provide aid to people in need (in indeed, which people are in need)

involve political and moral decisions. With political and geopolitical changes and linked shifts in attributions of legitimacy, these tensions are highlighted. In an international context, which has witnessed the multiplication of frameworks for and practices of humanitarianism, moreover, the implementation of these frameworks and definitions of legitimate humanitarianism need to be understood in light of attributions of legitimacy by powerful stakeholders in 'humanitarian government' – with these attributions also being impacted by evolving political and (geo)strategic concerns.

Humanitarianism has often been analysed as relying on a simplification of politically complex realities into a black and white world of easily identified victims and oppressors (Fassin 2012; Rieff 2002; Saillant 2007). But this research also highlights dilemmas and tensions that can arise at a time of potential but uncertain change, when attributions of legitimacy shift and those qualified as victims can come to be redefined as undeserving. It also highlights the additional problem of what happens to local-level systems, which are used at a particular time to channel international humanitarian aid to populations in need of assistance, but which also offer significant potential for the reconstruction of official social and welfare systems in a changing socio-political context. Concerns as to the future of these systems and what critics dismiss as a 'fear of irrelevance' then need to be understood from a pragmatic perspective, but also in light of a more sensitive appreciation of the justifiably emotive reactions that can be caused by shifts in international attributions of legitimacy. What is at stake in the debate around cross-border aid is not just money or power. Also at stake are the values and worldviews of men and women who have dedicated their lives to what they see as a politico-moral struggle for the rights and freedoms of their communities.

Fassin highlights how 'humanitarian government', as a government of precariousness, can have paradoxical effects such as leading to situations where the mobilisation of empathy eclipses the recognition of rights – and particularly of the political rights of those represented through the trope of victimhood (Fassin 2012). This ethnographic study, however, illustrates ways in which individuals and groups linked with a specific socio-political movement can use a humanitarian platform to claim their political rights. As illustrated through this thesis, while "humanitarianism was tending to produce a subjectivity devoid of historical subject" (Fassin 2012: 222), Back Pack's leaders re-

appropriate the subjectivity of the victim in order to have their version of history recognised, to be recognised as legitimate humanitarian and political actors, and to have their humanitarian struggle internationally legitimised – a struggle, which entails a vision of the type of national political body that will protect and fulfil their rights.

Through their humanitarian struggle, Back Pack's leaders thus draw on the resources offered by a flawed international system to try to protect and fulfil the rights historically denied to them at the national level. The subjectivity of the victim becomes a vehicle for them to demand that which they see as denied by powerful structural forces: their legal rights and freedoms as political subjects and the realisation of a specific politico-moral vision (Fassin 2007c; 2012). Yet the production of political subjects is inscribed, as Judith Butler describes, in a tension between subjectivation and subjection (Butler 1997; Fassin 2012). 'Humanitarian government' and its forms of capital enable Back Pack's humanitarian struggle; but the mechanisms of 'humanitarian government' also constantly strive to depoliticise and technicalise its subjects and systems, thereby going against the quest for recognition of the victim as a specific type of political subject.

The politics of aid, more generally, can be conceptualised as a politics of life – a politics, which as described by Fassin, determines which lives are to be saved but also brings into play differential meanings and values of human lives (Fassin 2007b; 2012). Back Pack as a humanitarian and political actor can then be read as contesting a politics of life in which, as Duffield describes, "people and communities are wantonly exposed to danger and the irrelevance of their being" (Duffield 2008: 2). The organisation's leaders are challenging structures in which their lives and the lives of their community members have been accorded lesser value – as Htoo Paw put it, they are "easy to kill" – as well as attempting to redefine the meaning accorded to these lives and the systems through which human precariousness is governed.

The recognition that humanitarian discourses and practices can reduce complex political and historical situations to technical problems requiring technical solutions has been supplemented by descriptions of ways in which the condition of the victim can also be reduced to that of *zoe* or bare life (e.g. Pandolfi 2002; Redfield 2005). Anthropologists have thus drawn on Agamben's writings to highlight an ontological inequality between

the bare life of the victim to be saved and the political life that enables this saving – between the *zoe* of local populations who passively wait for humanitarian workers and the *bios* of the citizens of the world who as political actors can support or provide humanitarian assistance (Agamben 1998; Fassin 2012). Through their humanitarian struggle and through the re-politicised subjectivity of the victim-medic, Back Pack can instead be seen to seek recognition for the victim as *bios* – as a political actor. Men and women linked with a particular socio-political movement thus became involved in and try to impact on a multi-tiered system for the governance of precariousness, mobilising various discourses and types of capital in their search for the recognition and realisation of a specific politico-moral vision. In so doing, what they are struggling for is also the right and power to define lives worth living as *bios* – a life as a citizen of a specific type of political and moral landscape. The politics of aid can then be seen as a politics of life and a politics of value, in which different actors unequally situated in shifting fields of power struggle to define the values and meanings attributed not only to human lives *per se*, but also to the socio-political systems that enable the government of these lives.

Annex 1: Acronyms and Glossary

ABSDF – All Burma Student’s Democratic Front: Also known as the Student Army, the ABSDF was founded on 1 November 1988 by student demonstrators who fled to border areas and took up arms after the Burmese junta crushed the 1988 democracy uprisings and seized power. ABSDF members were initially training and armed by and fought alongside ethnic nationalist organisations in border areas. Although weakened in the past decades, ABSDF troops continued to be active up until and after Burma’s 2010 elections.

ALA – Arakan Liberation Army: The Arakan Liberation Army is the armed wing of the Arakan Liberation Party (ALP – *see below*).

ALP – Arakan Liberation Party: The ALP was formed in 1968. The Burmese junta arrested many of its leaders and quashed the movement in its infancy. After being granted an amnesty in the early 1970s, ALP President Khaing Moe Linn and Vice Chairman Khaing Ba Kyaw re-formed the organisation with support from the KNU (*see below*). The ALP/ALA was reorganised in 1981 under the leadership of Khai Ray Khai, with the goal of establishing a sovereign state in Arakan/Rakhine State.

BGF – Border Guard Force: According to the 2008 Constitution of the Republic of the Union of Myanmar, all armed ceasefire groups (i.e. armed ethnic nationalist organisations having signed ceasefires with the government) have to either lay down their arms or become part of a centrally controlled Border Guard Force. The rejection of the BGF plan by a number of ceasefire groups led to increased militarisation in border areas as well as the collapse of ceasefires and new outbreaks of conflict in the lead up to and aftermath of the 2010 elections.

BRC – Burma Relief Centre: BRC is a Non-Government Organisation (NGO), founded in 1988 by key individuals who had links to the Burmese democracy movement and international network of Burma lobby groups. BRC receives international funding from NGOs and government aid agencies, and supports work in health, education, media training and youth organisation, as well as emergency food

distribution in border areas. BRC staff members are based in Thailand and specialise in capacity building for Burmese organisations, particularly focusing on: women's rights, media, community development, food relief, health, human rights and environment. A major focus of BRC's work has been to support inter-sectoral and multiethnic activities.

CBO – Community Based Organisation: The organisations that I worked with on the Thai-Burma border (including the Back Pack Health Worker Team) are commonly referred to as Community-Based Organisations (CBOs), i.e. organisations that originate from and are representative of the communities within which they work.

CNA – Chin National Army: The Chin National Army is the armed wing of the Chin National Front (CNF – *see below*).

CNF – Chin National Front: The CNF was formed on 20 March 1988 with the aim of securing the self-determination of Chin people and establishing a Federal Union of Burma. The CNF and its armed wing, the CNA, continued to fight the central Burmese military government along the Indian-Burma border, rejecting attempted ceasefire discussions in the late 1990s and again in 2007 on the basis that the military government refused to engage them politically. In January 2012, the CNF signed a ceasefire agreement with a Burmese government peace team, ending 23 years of conflict.

CHW – Community Health Worker: Community Health Workers are recruited from local communities and typically attend six month-long trainings in basic medical and primary health care. Most CHWs who are recruited into Back Pack have been trained by ethnic health organisations/departments. After attending six months' training, they work in their communities and/or with an ethnic health organisation/department. Community Health Workers can also be trained by civil society organisations – such as women's/youth groups or religious organisations – as well as by government health systems.

CHEPP – Community Health Education and Prevention Programme: Back Pack's Community Health Education and Prevention Programme (CHEPP) focuses on health education and communicable disease prevention. As part of CHEPP, Back Pack medics

implement activities in health education (notably by conducting Village Health Workshops), water and sanitation (including the construction of latrines and water gravity flow systems) and school health promotion. CHEPP medics cooperate with Village Health Volunteers in implementing health education and communicable disease prevention activities.

DKBA – Democratic Karen Buddhist Army: The Democratic Karen Buddhist Army was created in December 1994, when a faction of the Karen National Liberation Army (KNLA – *see below*) broke away, ostensibly in reaction to discrimination by the Christian leadership against the Buddhist rank and file of the Karen ethnic nationalist organisation. Shortly after its creation, the DKBA signed a ceasefire with the Burmese military government and was instrumental in the fall of Manerplaw – headquarters of the KNU/KNLA until 1995. DKBA troops received military and financial assistance from the government and continued to support government offensives against the KNLA throughout the 1990s and 2000s. In November 2010, a faction of the DKBA that refused to join the Border Guard Force broke its ceasefire with the government, provoking renewed fighting and displacement along the Thai-Burma border.

Ethnic Health Department or Ethnic Health Organisation: Ethnic health departments are the health systems falling under the administration of ethnic nationalist organisations operating in Burma's border areas. Historically, the largest and most comprehensive ethnic health department has been the Karen Department of Health and Welfare (KDHW – *see below*), which operates under the administration of the Karen National Union (KNU). Other ethnic health departments include the Shan Health Committee, Mon National Health Committee and Karenni Health Department. The terms ethnic health department and ethnic health organisation generally often used interchangeably, although some actors on the border prefer to use the former, arguing that the latter draws undue attention to links between health and political systems.

Field in-Charge: Within Back Pack, Field in-Charges are senior medics who are responsible for the management and coordination of health programmes in one of Back Pack's twenty target areas. Field in-Charges are elected by medics in the target area, and are approved by the local ethnic health organisation; they are most often senior

medics within these ethnic health organisations.

IDP – Internally Displaced Person(s): An Internally Displaced Person is a person who is forced to flee his or her home but who remains within his or her country's borders. An IDP does not fall within the current definition of a refugee in international law, since he/she has not crossed an international boundary. As part of its health programmes, Back Pack targets IDPs and other vulnerable populations.

IRC – International Rescue Committee: The IRC (initially known as the International Relief Association) was founded in 1933 at the suggestion of Albert Einstein to assist Germans suffering under Adolf Hitler's regime. IRC developed over the years into an International NGO, its stated mission being to respond to the world's worst humanitarian crises and to help people to survive and rebuild their lives. Most of IRC's funding has historically come from USAID – the US government's aid agency – but the organisation also receives support from private sources. <http://www.rescue.org/about> – last accessed 18 February 2013.

JHU-CPHHR – Johns Hopkins University, Center for Health and Human Rights: The Center for Public Health and Human Rights (CPHHR) at the Johns Hopkins Bloomberg School of Public Health was founded in 2004 to advance fundamental human rights through research, teaching and advocacy. Based in the School's Department of Epidemiology, the Center is headed by Professor Chris Beyrer. The foundation of the center and its ongoing work is based on the premise that population-level violations of human rights and dignity and of the right to health require population-based methods to measure their effects, as well as innovative public health approaches to minimise their consequences. The Center partners with grassroots organisations, human rights groups, and public health researchers and practitioners. It aims to address the needs of underserved minorities, ethnic groups facing state violence and discrimination, and stigmatised groups at risk for HIV/AIDS and other epidemic threats. Academics linked with CPHHR have provided technical support to Back Pack and other organisations along the Thai-Burma border since the center's foundation. <http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/about/> – last accessed 18 February 2013.

GHAP – Global Health Access Program: GHAP began with three public health experts from the US, who took an interest in healthcare on the Thai-Burma border. They founded GHAP shortly after visiting Mae Tao Clinic in 1998. Over the following decade, GHAP expanded in size, reach and scope. By 2009, GHAP provided technical support to a wide range of organisations delivering healthcare services to Burmese communities. The organisation supported community groups working in geographically and ethnically diverse areas of Burma's borderlands, as well as organisations on the Thai side of the border. In 2010, GHAP was absorbed as the field branch of Community Partners International. <http://cpintl.org/our-history> – last accessed 18 February 2013.

KNDO – Karen National Defence Organisation: The KNDO was formed in 1947 as the first armed wing of the KNU. It was outlawed in 1949 by the Burmese government. The KNDO was later relegated to policing and taxing roles within the KNU, with the Karen National Liberation Army (KNLA) becoming the KNU's main armed force. During the period of this research, KNDO units comprising local villagers continued to work as local policing and protection forces in many contested and conflict areas of Karen State.

KNLA – Karen National Liberation Army: Armed wing of the Karen National Union (KNU – *see below*); the KNLA was formed in 1947.

KNU – Karen National Union: The KNU was founded in 1947 and is described by its members as a democratic organisation supporting peace, democracy, and human rights in a federal Burma. It is also claimed to be the leading political organisation representing the aspirations of the Karen people. From January 1949 onwards, the KNU and its armed wing, the KNLA, engaged in political and armed resistance against the Burmese military government. The KNU/KNLA were, however, severely weakened after the fall of their headquarters in Manerplaw in 1995 and scaled-up *Tatmadaw* offensives in eastern Burma in the second half of the 1990s. In January 2012, an initial ceasefire agreement was signed with Burma's newly elected government, but disagreements within the KNU/KNLA have threatened to lead to further splits and the peace process remains uncertain.

KIA – Kachin Independence Army: The KIA is the armed wing of the Kachin Independence Organisation (KIO – *see below*).

KIO – Kachin Independence Organisation: The KIO was established in 1961. The group initially sought an independent homeland but, since 1975, has sought autonomy for the Kachin people and integration within a federal Burma. The KIO controlled most of Burma's Kachin State during the 1960s-1990s. In 1994, the KIO and its armed wing, the KIA, signed a ceasefire with the central government, in exchange for relative autonomy and economic development. The KIO then rejected the 2008 Constitution and the KIA refused to become part of a centrally controlled Border Guard Force. In June 2011, the ceasefire collapsed and fighting resumed between the KIA and *Tatmadaw*, leading to mass displacement in Kachin State.

Leading Group: The Leading Group is the body with ultimate decision-making power for Back Pack's organisational policies and health programmes. Thirteen members are democratically elected every three years in Leading Group elections, which are held at the end of a Six-Month Meeting in Back Pack's headquarters in Mae Sot. By policy, one third of those nominated to be elected for Leading Group positions should be women.

MCH – Mother and Child Health Programme: Back Pack's MCH Programme was initiated in 2000 and aims to reduce the high rates of maternal and infant mortality in Burma's remote and disputed border areas. MCH workers train and work with an extensive network of Traditional Birth Attendants (TBAs – *see below*). In cooperation with these TBAs, they support antenatal and postnatal care as well as safe deliveries and referral systems for emergency obstetric cases, targeting pregnant women and mothers who have little to no access to mother and child healthcare.

MCP – Medical Care Programme: Back Pack's Medical Care Programme (MCP) aims to reduce mortality and morbidity rates in Burma's border areas by diagnosing and treating common illnesses – the lead causes of mortality and morbidity in Back Pack target areas being: malaria, diarrhea/dysentery, acute respiratory infections, anemia and worm infestation. MCP workers also treat war injuries (such as gunshot or landmine

injuries), as well as a host of other health conditions.

MMT – Mobile Medical Team: Prior to the creation of the Back Pack Health Worker Team, organisations like Mae Tao Clinic already supported Mobile Medical Teams, which provided healthcare in remote and disputed areas of Burma's borderlands. The history of the MMTs is described in Chapter 3.

MNHC – Mon National Health Committee: The MNHC is the ethnic health organisation under the administration of the New Mon State Party (MNSP – *see below*) in Burma's Mon State.

MTC – Mae Tao Clinic: The Mae Tao Clinic (MTC – also known as the Students' Clinic or Dr Cynthia's Clinic) was founded in Mae Sot in 1989 by Dr Cynthia and a handful of colleagues who fled Burma after the junta crushed the 1988 student demonstrations and seized power. The Clinic initially provided shelter and medical care to activists fleeing the military regime, but over the past decades evolved into a sprawling assortment of health and other facilities providing services to displaced Burmese civilians and migrant workers in Thailand. The history of the Clinic is described in Chapter 3.

NMSP – New Mon State Party: The New Mon State Party (NMSP) was created in 1962, when it superseded the Mon Peoples' Front (MPF), which sought self-determination for the Mon people since 1947. Since 1949, the eastern hills of Mon State (as well as portions of Thaninthaya Division) were under control of the MPF then NMSP and its military arm, the Mon National Liberation Front (MNLF). In 1974, partly to assuage Mon separatist demands, the theoretically autonomous Mon State was created out of portions of Thaninthayi Division and Bago Division. Armed resistance continued until 1995, when NMSP agreed to a ceasefire with the Burmese government.

NLD – National League for Democracy: The NLD was historically Burma's main democratic opposition party. The party was founded on 27 September 1988, in the aftermath of the 1988 uprisings and under the leadership of Aung San Suu Kyi, who remains its General Secretary. The party won a substantial parliamentary majority in the 1990 Burmese general election – but the ruling military junta refused to recognise these

results, banned the NLD and placed Aung San Suu Kyi under house arrest. Throughout the following decades, the NLD continued to operate as Burma's main opposition party – with its offices at times allowed to reopen and at others shut down by the junta. On 6 May 2010, the party was declared illegal and ordered to be disbanded by the junta after refusing to register for the elections slated for November 2010. In November 2011, the NLD announced its intention to register as a political party in order to contend future elections. In the 2012 by-elections, NLD won 43 seats and party leader Aung San Suu Kyi was elected as a Member of Parliament.

P'Yaw: *P'Yaw* means “Burmese” in Sgaw Karen and is commonly used by people from Karen communities in the border areas to refer to the Burman-dominated military regime, the *Tatmadaw*, and ethnic Burman people (thereby conflating the government, its army and the majority ethnic group).

Saya/Sayama: *Saya* (female *Sayama*) literally means “teacher” in Burmese and is an honorific used to designate senior individuals or leaders.

Senior medic: Within Back Pack, people referred to as senior medics have more seniority due to their experience as medics in the field; they have at least two, three or more years' experience.

Six-Month Meeting: The Six-Month Meetings are when in-Charges from Back Pack's different target areas travel from their respective areas inside Burma to the head office in Mae Sot, on the Thai side of the border. During the Six-Month Meetings, senior medics from these different target areas bring back data from the field, report on their health programmes, attend trainings and meetings, and collect medicine and other resources for the next six months' activities. The Six-Month Meetings culminate in the General Meeting, a formal event attended by all Back Pack Leading Group members and representatives from different target areas, when programme activities, management systems and plans for the next six months are discussed and determined.

SSA-S/N – Shan State Army-South/North: The Shan State Army (SSA) was an army formed in 1964 to resist the military government of Burma in Shan State. It later split into two factions, usually known in English as the Shan State Army-South or SSA-A

and the Shan State Army-North or SSA-N. While the SSA-N agreed to a ceasefire with the Burmese junta in 1989, the SSA-S continued armed resistance, fighting *Tatmadaw* troops in Shan State. Lieutenant-General Yawd Serk, President of the Restoration Council of Shan State (RCSS – the political branch of the SSA-S), announced on 21 May 2011 that there was no more SSA-South and SSA-North and there would be only one SSA. The SSA-S and SSA-N (the latter having resumed fighting in March 2011) began initial ceasefire discussions with the new Burmese government in early 2012.

SHC – Shan Health Committee: The SHC is the ethnic health organisation under the administration of the Restoration Council of Shan State (RCSS).

SPDC – State Peace and Development Council: The SPDC was the official name of the Burmese military regime from 1997 to 2011. From 1988 to 1997, Burma was ruled by the State Law and Order Restoration Council (SLORC), which seized power on 18 September 1988 after the *Tatmadaw* crushed the 1988 democracy uprisings. In 1997, SLORC was abolished and reconstituted as the ostensibly less ominous-sounding State Peace and Development Council (SPDC). The powerful regional military commanders, who were members of SLORC, were then promoted to new positions and transferred to the capital Rangoon (now Yangon). Several months after the 2010 elections, on 30 March 2011, Senior General Than Shwe signed a decree officially dissolving the SPDC.

Target Area: The geographic area in which Back Pack implements health programmes is divided into twenty target areas. Each target area has a Field in-Charge.

***Tatmadaw* aka Myanmar Armed Forces:** The *Tatmadaw* is the official Burmese name of the Myanmar Armed Forces, official state forces administered by the Ministry of Defense and composed of the Army, the Navy and the Air Force.

TBA – Traditional Birth Attendant: Traditional Birth Attendants are typically elder women in remote communities, who assist women during pregnancy, childbirth and early motherhood. TBAs typically have no formal health education, and most TBAs who work with Back Pack cannot read or write. They rely on traditional knowledge taught to them by their mothers and grandmothers before them. Back Pack works with TBAs by training them in safe deliveries and in how to recognise and refer obstetric

emergencies.

Thara/Tharamu: *Thara* (female *Tharamu*) is an honorific in Sgaw Karen, denoting seniority and leadership.

VHV – Village Health Volunteer: Village Health Volunteers are unpaid community members who assist Back Pack teams in the implementation of health programmes in their target communities. VHVs are given basic training, and assist in providing and monitoring follow-up treatment, in population surveys and registration, in community health education and disease prevention, and in identifying and referring emergency cases to Back Pack medics or other health providers.

Annex 2: BPHWT Organisational Structure and Staffing

<p>BPHWT Leading Group (10 members)</p> <p>Chairperson Secretary Treasurer 7 other members</p> <p><i>The Leading Group is elected every three years by all Back Pack members present at the Six-Month Meeting in Mae Sot. Each of the twenty target areas has three votes.</i></p>
<p>BPHWT Executive board (8 members)</p> <p>Director Deputy director Medical Care Programme (MCP) Coordinator Community Health Education and Prevention Programme (CHEPP) Coordinator Maternal and Child Health (MCH) Coordinator Finance Manager Office Manager</p> <p><i>The Executive Board is appointed by the Leading Group and meets monthly to make operational decisions for the implementation and coordination of BPHWT activities.</i></p>
<p>Field in-Charges (one for each of Back Pack’s 20 target areas)</p> <p>Field in-Charges are elected by the local medics in their target areas; they coordinate the work of Back Pack medics in that area.</p> <p>Each Back Pack target area also has a:</p> <p>MCP in-charge (often the Field in-Charge or Second in-Charge) CHEPP in-Charge MCH in-charge</p> <p>These medics manage the implementation of their respective programmes throughout their target areas.</p>
<p>80+ teams of 3-5 Back Pack medics</p> <p>According to Back Pack’s health access targets: Each team works with 10 Traditional Birth Attendants (TBAs), and 10 Village Health Volunteers (VHVs); Each team targets 2,000 community members</p>

Annex 3: Donor Humanitarian Actors Working Group Operating Guidelines

Statement of intent:

The Operating Guidelines below are an adaptation of the Red Cross and NGO Code of Conduct and the Good Humanitarian Partnership Principles to the local context, drafted by members of the Donor-Humanitarian Actors Working Group in Bangkok.

These Guidelines should be well known and regularly used by all members in their humanitarian work, together with other operating standards such as the Principles for Humanitarian Partnership and the new Sphere Standards. The members of the Donor-Humanitarian Actor Working Group commit to disseminating them over the course of the next year (2011/2012) and find ways in which they can measure their own activities against them. The members of the Donor-Humanitarian Actors Working group also commit to seek input and feedback from the stakeholders of their humanitarian action.

Aim of the dissemination:

- To make the humanitarian principles in these Operational Guidelines and their underpinnings known;
- To provide the beneficiaries of humanitarian assistance and protection a template against which they can measure what they are entitled to expect;
- To provide discussion among donor and humanitarian partners as to how their activities are being impacted by the respect for these principles; ➤ Together with other stakeholders to map areas that need improvement.

Operating Guidelines

Guided by international law and the Principles of the International NGOs and RC/RC Movement's Code of Conduct and the Principles of good humanitarian donorship, and all other applicable international standards to which they are already committed, the

members of the Donor/Humanitarian Actors Working Group in Bangkok reaffirm the following Guiding Principles and endeavour that their staff and implementing partners disseminate them to implement effective Humanitarian and Development assistance along the Thailand/Burma/Myanmar border. This GP document is intended to improve the awareness, dissemination, understanding and implementation of the humanitarian principles in the Good Humanitarian Donorship Principles and the Red Cross/NGO Code of Conduct within the local context. They therefore do not replace but rather reinforce the commitments made by the members of the Donor/Humanitarian Actors Working Group to the Good Humanitarian Donorship Principles and the Red Cross/NGO Code of Conduct globally.

1. **Humanity:** We are working together to contribute to improvements in the quality of life of displaced persons on the Thailand-Burma/Myanmar border. Our assistance and funding is focused on saving lives, alleviating suffering and improving human dignity by meeting basic needs whilst working towards durable solutions to displacement.
2. **Impartiality and nondiscrimination:** We provide assistance regardless of the race, colour, sex, religion, political or other opinion, national or social origin, property, birth or other status. Our aid and funding priorities are calculated on the basis of need alone and we base the provision of funding and relief aid upon inclusive, participatory and thorough assessments of the needs of displaced persons and the local capacities in place to meet those needs.
3. **Independence and neutrality:** We formulate our own policies and implementation strategies guided by the respect for the dignity of the people to be assisted and their assessed needs, independently of any political or other interests or influences. Our assistance must not be used to further a particular political or religious standpoint. We will take robust steps to prevent assistance being used to further non-humanitarian goals.
4. **Do no harm:** We are aware that assistance and funding can unintentionally cause harm and exacerbate conflict. We support local capacities for reconciliation and peace, so that people can be helped to disengage from violence and seek legitimate redress from abuses
5. **Respect for human dignity:** We work towards re-establishing and maintaining

the individuals in their inherent dignity and in response to the expressed wishes of local communities. We respect the dignity of people, their culture, structures and customs in accordance with international law and standards.

6. **Protection:** The protection of individuals by preventing or stopping specific patterns of abuse and fostering an environment that respects and upholds the rights of individuals is a priority of our work. Moreover, protection strategies to prevent and respond to gender based violence must be incorporated in all aspects of humanitarian assistance.
7. **Transparency and accountability:** We are committed to accountability, efficiency and effectiveness in implementing our humanitarian and development assistance. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources. We will seek to report, in an open and transparent fashion, upon the impact of our work, and the factors limiting or enhancing that impact. We will not tolerate any corruption, theft or misuse of humanitarian supplies or equipment and we will report corrupt practices through safe and confidential channels.
8. **Participation:** We work to involve communities in the design, planning, management, implementation and evaluation of programmes funded and implemented for their benefit.
9. **Coordination:** In order to improve our effectiveness and transparency and to avoid duplication of work and assistance, we coordinate our activities with the government, the United Nations and all relevant stakeholders at every level. In doing so, we also support and promote the central and unique role of UNHCR in the protection of refugees.
10. **Sustainability and durable solutions:** We tailor our activities to local circumstances and will provide assistance in ways that are supportive of recovery and long-term development, striving to ensure support to the transition from humanitarian relief to recovery to sustainable durable solutions.

Bangkok, 30 June 2011

Bibliography

Abel, O.

1998 Comment peut-on être humain? De l'humanité métaphorique à l'action humanitaire. *In* Humanité Humanitaire. O. Abel, ed. Bruxelles: Publications des Facultés Universitaires Saint-Louis.

Abraham, I., and W. van Schendel

2005 Illicit Flows and Criminal Things: States, Borders, and the Other Side of Globalization. Bloomington: Indiana University Press.

Achino-Loeb, M.-L.

2006 Silence as the currency of power. *In* Silence. The Currency of Power. M.-L. Achino-Loeb, ed: Berghahn Books.

Agamben, G.

1998 Homo Sacer: Sovereign Power and Bare Life. Stanford: Stanford University Press.

Allen, T., and D. Styan

2000 A right to interfere? Bernard Kouchner and the new humanitarianism. *Journal of International Development* 12(6):825-842.

Anderson, K.

2004 Humanitarian inviolability in crisis: the meaning of impartiality and neutrality for U.N. and NGO agencies following the 2003–2004 Afghanistan and Iraq conflicts. *Harvard Human Rights Journal* 17:41-72.

Anderson, M.

1996 Humanitarian NGOs in Conflict Intervention. *In* Managing Global Chaos: Sources of and responses to international conflict. C.A. Crocker, F.O. Hansen, and P. Aall, eds. Washington, D.C.: United States Institute of Peace Press

—

1999 Do No Harm: How Aid Can Support Peace - or War. Boulder, Colorado: Lynne Rienner Publishers Inc.

Annan, K.

1999 Two concepts of sovereignty. *The Economist* (September 16th, 1999).

—

2001 Nobel

Lecture.

http://www.nobelprize.org/nobel_prizes/peace/laureates/2001/annan-lecture.html.

Atack, I.

1999 Four Criteria of Development NGO Legitimacy. *World Development* 27(5):855-864.

Atlani-Duault, L.

2005 *Au Bonheur des Autres: Anthropologie de l'Aide Humanitaire*. Nanterre: Société d'Ethnologie.

—

2009 L'anthropologie de l'aide humanitaire et du développement. Histoire, enjeux contemporains et perspectives. *In Anthropologie de l'Aide Humanitaire et du Développement – des Pratiques aux Savoirs, des Savoirs aux Pratiques*. L. Atlanti-Duault and L. Vidal, eds. Paris: Armand Colin.

Atlani-Duault, L. , and L. Vidal

2009 *Anthropologie de l'Aide Humanitaire et du Développement – des Pratiques aux Savoirs, des Savoirs aux Pratiques*. Paris: Armand Colin.

ATP

2008 Helping the heroes: practical lessons from an attempt to support a civil society emergency response after Nargis. *Humanitarian Exchange* 41:23-25.

AusAID

2010 Australia's strategic approach to aid in Burma: An interim statement. Canberra: Australian Agency for International Development.

Barnett, M. , and T.G. Weiss

2008 Humanitarianism: A Brief History of the Present'. *In Humanitarianism in Question: Politics, Power, Ethics*, ed. . M. Barnett and T.G. Weiss, eds. London: Cornell University Press.

Battersby, P.

1998 Border Politics and the Broader Politics of Thailand's International Relations in the 1990s: from communism to capitalism. *Pacific Affairs* 71(4):473-88.

Belanger, J., and R. Horsey

2008 Negotiating humanitarian access to cyclone-affected areas of Myanmar:

a review. *Humanitarian Exchange* 41:2-5.

Bellal, A., G. Giacca, and S. Casey-Maslen

2011 Towards Engagement, Compliance and Accountability. *Forced Migration Review* 37 - Armed Non-State Actors and Displacement:7-9.

Belton, S.

2007 Borders of Fertility: Unplanned Pregnancy and Unsafe Abortion in Burmese Women Migrating to Thailand. *Health Care for Women International* 28(4):419-433.

Bettati, M.

1992 The right of Humanitarian Intervention or the Right of Free Access to Victims? . *The Review: International Commission of Jurists* 49(1):1-11.

1996 *Le Droit d'Ingérence: mutation de l'ordre international*. Paris: Odile Jacob.

Beyrer, C., and T. Lee

2008 Responding to infectious diseases in Burma and her border regions. *Conflict and Health* 2(2):1-3.

Bierschenk, T., J.P. Chauveau, and J.P. Olivier de Sardan, eds.

2000 *Courtiers en developpement: Les villages africains en quete des projets*. Paris: Karthala.

2002 *Local development brokers in Africa: The rise of a new social category*. Mainz: Johannes Gutenberg University.

Boltanski, L.

1993 *La Souffrance à Distance. Morale Humanitaire, Médias et Politiques*. Paris: Métailié.

Bourdieu, P.

1977 *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.

1984 *Distinction: A Social Critique of the Judgement of Taste*. London: Routledge.

1986 The forms of capital. *In* Handbook of Theory and Research for Sociology of Education. J. Richardson, ed. New York: Greenwood Press.

1990 The Logic of Practice. Cambridge: Polity Press.

2003 Participant objectification. *Journal of the Royal Anthropological Institute* 9:223-239.

Bourgois, P.

1995 In search of respect: selling crack in El Barrio. Cambridge; New York: Cambridge University Press.

BPHWT

2006 Chronic Emergency: Health and Human Rights in Eastern Burma: [http://www.backpackteam.org/wp-content/uploads/reports/ChronicEmergency\(English%20version\).pdf](http://www.backpackteam.org/wp-content/uploads/reports/ChronicEmergency(English%20version).pdf).

2008 Internal Program Improvement Project (Internal Document). .

2010 Diagnosis Critical: Health and Human Rights in Eastern Burma: <http://www.backpackteam.org/wp-content/uploads/reports/Diagnosis%20critical%20-%20Eng%20website%20version.pdf>.

2010b Ten Years Report 1998-2009. Life Liberty and the Pursuit of Health: A decade of providing primary health care in Burma's displaced and vulnerable communities: <http://www.backpackteam.org/wp-content/uploads/2011/01/bp%20report%20online.pdf>.

Brauman, R.

1996 Humanitaire: Le Dilemme. Paris: Editions Textuel.

2000 L'Action Humanitaire. Paris: Flammarion.

Brown, M.

1996 On Resisting Resistance. *American Anthropologist* 98(4):729-937.

Buszynski, L.

1998 Thailand and Myanmar: the Perils of 'Constructive Engagement'. *The Pacific Review* 11(2):290-305.

Butler, J.

1997 *The Psychic Life of Power. Theories in Subjection*. Stanford: Stanford University Press.

Callahan, M.

2003 *Making Enemies: War and State Building in Burma*. Cornell: Cornell University Press.

—

2007 *Political Authority in Burma's Ethnic Minority States: Devolution, Occupation and Coexistence*. Volume 31. Washington: East-West Centre.

Chambers, R.

1997 *Whose Reality Counts: Putting the First Last*. Volume London: IT Publications. . London: IT Publications.

Chambers, R., J. Pettit, and P. Scott-Villiers

2001 *The New Dynamics of Aid: Power, Procedures and Relationships*. Sussex: University of Sussex.

Chandler, D.

2007 The responsibility to protect? Imposing the 'Liberal Peace'. *International Peacekeeping* 11(1):59-81.

Charny, J.R.

2004 Upholding Humanitarian Principles in an Effective Integrated Response. *Ethics & International Affairs* 18(2):13-20.

Checci, F, et al.

2003 Consequences of armed conflict for an ethnic Karen population. *The Lancet* 362:74-5.

Chenyang, L.

2010 The policies of China and India toward Myanmar. *In Myanmar/Burma: Inside Challenges, Outside Interests*. L. Rieffel, ed. Washington D.C.: The Brookings Institute.

Collowald, A.

2002 *L'Humanitaire ou le Management des Dévouements*. Enquête sur un

Militantisme de "Solidarité Internationale" en Faveur du Tiers-Monde. Rennes: Presses Universitaires de Rennes.

Conoir, Y. , and G. Verna

2002 L'action humanitaire au Canada. Québec: Presses de l'Université Laval.

Cox, D., and M. Pawar

2006 International Social Work: Issues, Strategies and Programs. Thousand Oaks, California: Sage Publications Inc.

Craig, M., and M. Mayo

1995 Community Participation and Empowerment: The Human Face of Structural Adjustment or Tools for Democratic Transformation? *In* Community Empowerment: a reader in participation and development. M. Craig and M. Mayo, eds. London: Zed Books.

Crawley, H.

1998 Living up to the empowerment claim? The potential of PRA. *In* The Myth of Community: Gender issues in Participatory Development. I. Gujit and M.K. Shah, eds. London: Intermediate Technology Publications.

Creac'h, Y.-K., and L. Fan

2008 ASEAN's role in the Cyclone Nargis response: implications, lessons and opportunities. *Humanitarian Exchange* 41:5-8.

Creed, W.E.D., and R.E. Miles

1996 Trust in organisations: A conceptual framework linking organisational forms, managerial philosophies, and the opportunity costs of controls. *In* Trust in organizations: Frontiers of theory and research. R.M. Kramer and T.R. Tyler, eds. Thousand Oaks, CA: Sage Publications.

Crossley, N.

1996 Body-Subject/Body-Power: Agency, Inscription and Control in Foucault and Merleau-Ponty. *Body-Society* 2(2):99-116.

Curtis, D.

2001 Politics and humanitarian aid: debates, dilemmas and dissension. London: Overseas Development Institute.

Czarniawska, B.

1998 A Narrative Approach to Organisational Studies. London: Sage Publications.

Das, V.

1997 Language and Body: Transactions in the Construction of Pain. *In* Social Suffering. A. Kleinman, V. Das, and M. Lock, eds. Berkeley: University of California Press.

Das, V., et al.

2001 Remaking a World. Violence, Social Suffering and Recovery. Berkeley University of California Press.

—

2000 Violence and Subjectivity. Berkeley: University of California Press.

Dauvin, P, and J. Siméant

2002 Le travail humanitaire. Les acteurs des ONG du siège au terrain. La Rochelle et Paris, Université de la Rochelle: Presses de la Fondation nationale de Sciences Po.

de Sardan, O.

2001 Le 'Développement Participatif': ni solution miracle, ni complot néolibéral. *L'Etat en Afrique: Entre le Global et le Local* 199:148-156.

de Senarclens, P.

1999 L'humanitaire en catastrophe. Paris: Presses de Sciences Po.

De Waal, A.

1994 Humanitarianism Unbound. African Rights Discussion Paper No. 5.

—

1997 Famine Crimes: Politics and the Disaster Relief Industry in Africa. Oxford: James Currey.

—

2007 Humanitarianism reconfigured: philanthropic globalization and the new solidarity. *In* Nongovernmental politics. M. Feher, ed. New York: Zone Books.

—

2008 The Humanitarian Carnival: A Celebrity Vogue. *World Affairs Journal* Fall 2008(<http://www.worldaffairsjournal.org/article/humanitarian-carnival-celebrity-vogue>).

—

2010 An Emancipatory Imperium? Power and principle in the humanitarian international. *In* Contemporary States of Emergency: The Politics of Military

and Humanitarian Interventions. D. Fassin and M. Pandolfi, eds. New York: Zone Books.

Duffield, M.

1994a An Account of Relief Operations in Bosnia. London: Overseas Development Institute.

1994b Complex Emergencies and the Crisis of Developmentalism. IDS Bulletin 25(4).

1998 Aid Policy and Post-Modern Conflict: A Critical Review. Relief and Rehabilitation Network Newsletter, Overseas Development Institute. Number 11(<http://www.odihpn.org/humanitarian-exchange-magazine/issue-11/aid-policy-and-post-modern-conflict-a-critical-review>).

1999 The crisis of international aid. *In* Responding to Emergencies and Fostering Development: The Dilemmas of Humanitarian Aid. C. Pirotte, B. Husson, and F. Grunewald, eds. London and New York: Zed Books.

2001 Governing the borderlands: decoding the power of aid. Disasters 25(4):308-320.

2008 On the Edge of 'No Man's Land' - Chronic Emergency in Myanmar. Bristol: University of Bristol.

Duffield, M., and J. Pendergast

1994 Without Troops and Tanks: Humanitarian Intervention in Ethiopia and Eritrea. Lawrenceville, GA: Red Sea Press.

EAT-Burma, and JHU-CPHHR

2009 After the Storm: Voices from the Delta. http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/_pdf/AfterTheStorm_Fullreport_2ndEd_May09.pdf.

Edwards, M., and D. Hulme

1995 Non-governmental organisations - performance and accountability. Beyond the magic bullet. London: Earthscan.

Edwards, M., and G. Sen

2000 NGOs, social change and the transformation of human relationships: A 21st-century civic agenda. *Third World Quarterly* 21(4):605–616.

Egreteau, R.

2008 India and China vying for influence in Burma – a new assessment. *India Review* 7(1):38-72.

Englund, H.

2005 Universal Africa. *CODESRIA Bulletin* 3-4(11-12).

Erner, G.

2006 *La Societe des Victimes*. Paris: La Découverte.

Escobar, A.

1995 *Encountering Development. The Making and Unmaking of the Third World*. Princeton: Princeton University Press. .

Evans, A.M., and J.I. Krueger

2011 Elements of trust: Risk and perspective-taking. *Journal of Experimental Social Psychology* 47(1):171-177.

Eyben, R.

2010 The Big Push Back!: The Hauser Center for Non-Profit Organisations at Harvard University <http://hausercenter.org/iha/2010/10/11/the-big-push-back/>.

Farmer, P.

1996 On suffering and structural violence: A view from below. *Daedalus* 125(1):261-283.

—

2004 An Anthropology of Structural Violence. *Current Anthropology* 45(3):305-325.

Fassin, D.

2004a Et la souffrance devint sociale. De l'anthropologie medicale a une anthropologie des afflictions. *Critique: Revue Generale des Publications Francaises et Etrangeres* LX(680-681):16-29.

—

2004b La cause des victimes. *Les Temps Modernes* 59(627):73-91.

—

2006 La biopolitique n'est pas une politique de la vie. *Sociologie et Sociétés*

2007 *When Bodies Remember: Experiences and Politics of AIDS in South Africa*. Berkeley: University of California Press.

2007b Humanitarianism as a Politics of Life. *Public Culture* 19(3):499-520.

2007c The Humanitarian Politics of testimony: Subjectification through Trauma in the Israeli-Palestinian Conflict. *Cultural Anthropology* 23(3):531-558.

2008 The embodied past. From paranoid style to politics of memory in South Africa. *Social Anthropology* 16(3):312-328.

2009 Another politics of life is possible. *Theory, Culture and Society* 26(5):44-60.

2012 *Humanitarian Reason: A Moral History of the Present*. Berkeley: University of California Press.

Fassin, D., and P. Bourdelais

2005 *Les Constructions de l'Intolérable. Etudes d'Anthropologie et d'Histoire sur les Frontières de l'Espace Moral*. Paris: La Découverte.

Fassin, D., and E. D'Halluin

2007 Critical evidence: the politics of trauma in French asylum policies. *Ethos* 35(3):300-329.

Fassin, D., and R. Rechtman

2007 *L'empire du traumatisme. Enquête sur la condition de victime*. Paris: Flammarion.

Feldman, A.

1991 *Formations of Violence: The Narrative of the Body and Political Terror in Northern Ireland*. Chicago: University of Chicago Press.

Ferguson, J.

1990 *The Anti-Politics Machine: 'Development', Depoliticization and*

- Bureaucratic Power in Lesotho. Cambridge: Cambridge University Press.
- Fine, G.A.
- 1993 Ten lies of ethnography: moral dilemmas of field research. *Journal of Contemporary Ethnography* 22(3):267-94.
- Fink, C.
- 2001 *Living Silence: Burma under Military Rule*. London: Zed Books.
- Flyvbjerg, B.
- 2001 *Making Social Science Matter*. Cambridge: Cambridge University Press.
- Foucault, M.
- 1979 *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
-
- 1980 *Body-Power*. In *Power/Knowledge*. C. Gordon, ed. Brighton: Harvester Press.
-
- 1982 *The Subject and Power*. In *Michel Foucault: Beyond Structuralism and Hermeneutics*. H. Dreyfus and P. Rabinow, eds. Brighton: Harvester Press.
-
- 1990 *The History of Sexuality*. London: Penguin Books.
- Fowler, A.
- 2005 *Aid Architecture: Reflections on NGO Futures and the Emergence of Counter Terrorism*. Oxford: International NGO Training and Research Centre.
-
- 2007 *Development and the New Security Agenda: W(h)ither(ing) NGO Alternatives?* In *The Challenge of Development Alternatives: Can NGOs Make a Difference?* A. Bebbington, S. Hickey, and D. Mitlin, eds. London: Zed Press.
- Fox, F.
- 2001 *New Humanitarianism: does it provide a moral banner for the 21st century?* *Disasters* 25(4):275-289.
- Foxen, P.
- 2009 *Les Réfugiés*. In *Anthropologie de l'Aide Humanitaire et du Développement – des Pratiques aux Savoirs, des Savoirs aux Pratiques*. L. Atlanti-Duault and L. Vidal, eds. Paris: Armand Colin.

Gallant, T.W.

- 1999 Brigandage, Piracy, Capitalism and State-Formation: Transnational Crime from a Historical World-Systems Perspective. *In* States and Illegal Practices. J. Heyman, ed. Oxford: Berg.

Gambetta, D.

- 2000 Can we trust trust? *In* Trust: Making and Breaking Cooperative Relations. D. Gambetta, ed. Oxford: University of Oxford.

Giddens, A.

- 1984 The Constitution of Society: Outline of the Theory of Structuration. Berkeley: University of California Press.

—

- 1990 The Consequences of Modernity. Cambridge: Polity Press.

—

- 1994 Living in a Post-Traditional Society. *In* Reflexive Modernization: Politics, Tradition and Aesthetics in the Modern Social Order. U. Beck, A. Giddens, and S. Lash, eds. Cambridge: Polity Press.

Gilson, L.

- 2003 Trust and the Development of Healthcare as a Social Institution. *Social Science & Medicine* 56:1453-1468.

Goetz, A., and R. Jenkins

- 2004 Reinventing Accountability: Making Democracy Work for the Poor. London: Palgrave.

Gravers, M.

- 1999 Nationalism as Political Paranoia in Burma. Richmond: Curzon Press.

—

- 2007 Introduction: ethnicity against state – state against ethnic diversity? *In* Ethnic Diversity in Burma. M. Graver, ed. Copenhagen: NIAS Press.

Grillo, R.

- 1997 Discourses of Development: the View from Anthropology. *In* Discourses of Development: Anthropological Perspectives. R. Grillo and R. Stirrat, eds. Oxford, New York: Berg Publishers.

Gross-Stein, J.

- 2008 Humanitarian Organizations: Accountable - Why, to Whom, for What,

and How? *In Humanitarianism in Question: Politics, Power, Ethics*. M. Barnett and H. Weiss, eds. London: Cornell University Press.

Guijt, I.

2010 Accountability and Learning: Exploding the myth of incompatibility between accountability and learning. *In Capacity Development in Practice*. J. Ubels, N. Acquaye-Baddoo, and A. Fowler, eds. Oxford: Earthscan.

Gusterson, H.

1997 Studying Up Revisited. *PoLAR* 20:114-119.

Haacke, J.

2012 Myanmar: Now a Site for Sino-US Geopolitical Competition? London: London School of Economics and Political Science.

Habermas, J.

1996 Between Norms and Facts. Malden, MA: Massachusetts Institute of Technology.

Hacking, I.

1995 Rewriting the Soul. Multiple personality and the sciences of memory. Princeton: Princeton University Press.

Hammersley, M., and P. Atkinson

1995 Ethnography: Principles and Practice. London: Routledge.

Harroff-Tavel, M.

2003 Does it still make sense to be neutral? *Humanitarian Exchange* 25, December 2003:2-4.

Hendrickson, D.

1998 Humanitarian Action in Protracted Crisis: An Overview of the Debates and Dilemmas. *Disasters* 22(4):283-287.

Hoffman, D.

2004b The Civilian Target in Sierra Leone and Liberia: Political Power, Military Strategy, and Humanitarian Intervention. *African Affairs* 103:211-226.

Hoffman, F.

2004a Human Rights and Terrorism. *Human Rights Quarterly* (26):932- 955.

HRW

2002 "My gun was as tall as me": Child Soldiers in Burma. New York, Washington, London, Brussels: Human Rights Watch.

2007 Crackdown: Repression of the 2007 Popular Protests in Burma. Volume 19, No. 18(C). New York, Washington, London, Brussels: Human Rights Watch.

2010 I Want to Help my Own People: State Control and Civil Society in Burma after Cyclone Nargis. New York, Washington, London, Brussels: Human Rights Watch.

2011 World Report 2011: Burma. Human Rights Watch.

Hu, H., Kyaw Win, and N. Arnison

1991 Burma: Health and Human Rights. *The Lancet* 337:1335.

Hull, S.

2008 The 'Everyday Politics' of IDP Protection in Karen State. A working paper for presentation on the panel 'Migration within and out of Burma as part of the 2008 International Burma Studies Conference. *In* International Burma Studies Conference. DeKalb, Illinois.

Hulme, D., and M. Edwards

1997 NGOs, States and Donors, too Close for Comfort? New York: Save the Children Press.

Hutchinson, J.F.

1996 Champions of Charity: War and the Rise of the Red Cross. Boulder, Colorado: Westview Press.

ICG

2006 Myanmar: New Threats to Humanitarian Aid. International Crisis Group.

2008 Burma/Myanmar after Nargis: Time to Normalise Aid Relations. International Crisis Group.

IDC

2007 DFID Assistance to Burmese Internally Displaced People and Refugees on the Thai-Burma Border - Tenth Report of Session 2006-07. Volume I. Report, together with formal minutes. London: House of Commons.

IDRC

2001 The Responsibility to Protect. International Development Research Centre.

Illingworth, P.

2002 Trust: the scarcest of medical resources. *Journal of Medicine and Philosophy* 27(1):31-46.

Jenkins, T.

1994 Fieldwork and the perception of everyday life. *Man* 29(433-456).

Jewsiewicki, B.

2007 L'humanitaire, "sur un mode explicite avec soi-même". *Anthropologie et Sociétés* 31(2):235-242.

Jordan, L. , and P. van Tuijl

2006 NGO Accountability: Politics, Principles and Innovations. London: Routledge.

Kalshovan, F.

2007 International Humanitarian Law and violation of medical neutrality. *In* The Laws of War: Collected Essays. F. Kalshovan, ed. Leiden: Koninklijke Brill.

Kilby, P.

2004a Non-government organisations and accountability in an era of global anxiety. *Seton Hall Journal of Diplomacy and International Relations* 5(2):67-78.

—

2004b Is empowerment possible under a new public management environment? Some lessons from India. *International Public Management Journal* 7(2):207-225.

—

2006 Accountability for Empowerment: Dilemmas Facing Non-Governmental Organisations. *World Development* 36(6):951-963.

—

2011 NGOs in India: The Challenges of Women's Empowerment and Accountability. London: Routledge.

Kleinman, A., V. Das, and M. Lock

1997 *Social Suffering*. Berkeley: University of California Press.

Kleinman, A., and J. Kleinman

1991 Suffering and its professional transformation: toward an ethnography of interpersonal experience. *Culture, Medicine and Psychiatry* 15(3):275-298.

Kurtzer, J.

2009 Burma: Capitalizing on the Gains - Field Report. Refugees International.

Lall, M.

2009 India-Myanmar relations: geopolitics and energy in light of the new balance of power in Asia. Volume Working Paper 29. Singapore: National University of Singapore.

Langer, L.L.

1997 The alarmed vision: social suffering and the holocaust. *In Social Suffering*. A. Kleinman, V. Das, and M. Lock, eds. Berkeley: University of California Press.

Le Naëlou, A., and J. Freyss

2004 ONG: les pièges de la professionnalisation. *Revue Tiers Monde* 45(180):727-734.

Leader, N.

1998 Proliferating principles, or how to sup with the devil without getting eaten. *Disasters* 22(4):288-308.

Lee, T., et al.

2006 Mortality rates in conflict zones in Karen, Karenni, and Mon states in eastern Burma. *Tropical Medicine and International Health* 11(7):1119-1127.

Lewis, D.

2010 Disciplined activists, unruly brokers?: exploring the boundaries between non-governmental organizations (NGOs), donors, and the state in Bangladesh. *In Varieties of activist experience: civil society in South Asia*. D. Gellner, ed. London: Sage Publications.

Lewis, D., and D. Mosse

2006 Encountering order and disjuncture: Contemporary anthropological perspectives on the organisation of development. *Oxford Development Studies* 34(1):1-13.

Lissner, J.

1977 *The Politics of Altruism: A Study of the Political Behaviour of Voluntary Development Agencies*. Geneva: Lutheran World Federation.

Luhmann, N.

2000 Familiarity, confidence, trust: problems and alternatives. *In Trust: Making and Breaking Cooperative Relations*. D. Gambetta, ed. Oxford: Oxford University Press.

Macrae, J.

2002 Analysis and synthesis. *In The New Humanitarianisms: A Review of Trends in Global Humanitarian Action*. J. Macrae, ed. London: Overseas Development Institute.

Macrae, J.

1998 The Death of Humanitarianism? An anatomy of the Attack Disasters 22(4):309-317.

—

1999 Foreword. *In Responding to Emergencies and Fostering Development: The Dilemmas of Humanitarian Aid*. C. Pirotte, B. Husson, and F. Grunewald, eds. London: Zed Books.

Macrae, J., and N. Leader

2002 Apples, pears and porridge: the origins and impact of the search for 'coherence' between humanitarian and political responses to chronic political emergencies. *Disasters* 25(4):290-307.

Mahn, Mahn, et al.

2008 Multi-level partnerships to promote health services among internally displaced in eastern Burma *Global Public Health* 3(2):165-186.

Makintosh, K.

2000 The Principles of Humanitarian Action in International Humanitarian Law. Study 4 in *The Politics of Principle: the principles of humanitarian action in practice* - Humanitarian Policy Group report. London: Overseas Development Institute.

Malkki, L.H.

1995 *Purity and Exile: Violence, Memory, and National Cosmology among Hutu Refugees in Tanzania*. Chicago: University of Chicago Press.

2007 Professionalisme, internationalisme, universalisme. *Anthropologie et Sociétés* 31(2): 7-24.

Markowitz, L.

2001 Finding the Field: Notes on the Ethnography of NGOs. *Human Organization* 60(1):40-6.

Matthieson, D.

2011 Burma's Reality Check. <http://www.themarknews.com/articles/7842-burma-s-reality-check>.

McLean, A., and A. Leibing

2007 The Shadow Side of Fieldwork: Exploring the Blurred Borders between Ethnography and Life. London: Wiley-Blackwell.

Merleau-Ponty, M.

1962 The Phenomenology of Perception. London: Routledge.

Misztal, B.A.

1996 Trust in modern societies: the search for the bases of moral order. Cambridge: Polity Press.

Mohan, G.

2001 Participatory development. In *The Arnold companion to development studies*. V. Desai and R. Potter, eds. London: Hodder.

Mosse, D.

2005a Cultivating development: an ethnography of aid policy and practice. London: Pluto Press.

2005b Global governance and the ethnography of international aid. In *The aid effect: Giving and governing in international development*. D. Mosse and D. Lewis, eds. London: Pluto Press.

2006 Anti-social anthropology? Objectivity, objection and the ethnography of public policy and professional communities. *Journal of the Royal Anthropological Institute* 12:935-956.

Mosse, D., and D. Lewis

2006 Theoretical Approaches to Brokerage and Translation in Development.

In Development Brokers and Translators. The Ethnography of Aid and Agencies
D. Mosse and D. Lewis, eds. Bloomfield, CT: Kumarian Press.

MTC

2010 From Rice Cooker to Autoclave at Dr Cynthia's Clinic.
http://www.burmalibrary.org/docs08/From_Rice_Cooker_to_Autoclave.pdf.

Nagel, J.

1994 Constructing Ethnicity: Creating and Recreating Ethnic Identity and Culture. *Social Problems* 41(1):152-176.

NDD

2006 The White Shirts: how the USDA will become the new face of Burma's dictatorship. Mae Sariang: Network for Democracy and Development.

Newell, P., and S. Bellour

2002 Mapping accountability: origins, contexts and implications for development - IDS Working Paper 168. Brighton: Institute of Development Studies.

Nordstrom, C.

2004 Shadows of War, Violence, Power, and International Profiteering in the Twenty-first Century. Berkeley: University of California Press.

Nordstrom, C. , and A. Robben

1995 Fieldwork Under Fire: Contemporary Studies of Violence and Survival. Berkeley: University of California Press.

O'Dwyer, J., and J. Unerman

2008 The paradox of greater NGO accountability: A case study of Amnesty Ireland. *Accounting, Organizations and Society* 33:801-824.

Ortner, S.

1995 Resistance and the Problem of Ethnographic Refusal. *Comparative Studies in Society and History* 37(1):173-193.

Pandolfi, M.

2002 'Moral entrepreneurs', souverainetés mouvantes et barbelés. Le biopolitique dans les Balkans communistes. *Anthropologie et Sociétés* 26(1): 29-52.

—

2003 Contract of mutual (in)difference: governance and the humanitarian

apparatus in contemporary Albania and Kosovo. *Indiana Journal of Global Legal Studies* 10(1):369-381.

Parkin, D.

2004 Templates, evocations and the long-term fieldworker. *In* *Anthropologists in a wider world: essays on field research*. P. Dresch, W. James, and D. Parkin, eds. Oxford: Berghahn Books.

Pedersen, M.

2005 The challenges of transition in Myanmar. *In* *Myanmar: Beyond Politics to Societal Imperatives*. Y.H. Kyaw and R.H. Taylor, eds. Singapore: Institute of Southeast Asian Studies.

—

2008a Promoting Human Rights in Burma: A Critique of Western Sanctions Policy. Plymouth: Rowman and Littlefield.

—

2008b Burma's ethnic minorities: charting their own path to peace. *Critical Asian Studies* 40(1):45-66.

Pérouse de Montclos, M.-A.

2001 L'aide humanitaire, aide à la guerre? Bruxelles: Éd. Complexes.

—

2009 Humanitarian Aid and the Biafra War: Lessons not Learned. *Africa Development* XXXIV(1):69–82.

Phan, P. , and Steven Hull

2008 Supporting IDP resistance strategies. *Forced Migration Review* 30:18-19.

PHR

2011 Life Under the Junta: Evidence of Crimes Against Humanity in Burma's Chin State.

Pictet, J.

1979 The Fundamental Principles of the Red Cross. Geneva: Henri Dunant Institute.

Plattner, D.

1996 ICRC neutrality and neutrality in humanitarian assistance. *International Review of the Red Cross*

Polman, L.

2010 *War Games: The Story of Aid and War in Modern Times*. London: Penguin Books.

Pongsawat, P.

2007 *Border Partial Citizenship, Border Towns, and Thai-Myanmar Cross-Border Development: Case Studies at the Thai Border Towns*, University of Berkeley, California.

Powell, J.D.

1970 Peasant Society and Clientelistic Politics. *The American Political Science Review* 64(2):411-425.

Prunier, G.

2009 *Africa's World War: Congo, the Rwandan Genocide, and the Making of a Continental Catastrophe*. Oxford: Oxford University Press.

Pugh, M.

1998 Military intervention and humanitarian action: trends and issues. *Disasters* 22(4):339-51.

Rae, H

2007 Internal displacement in eastern Burma. *Forced Migration Review* 28:45-47.

Randel, J., M. Cordeiro, and M. Tasneem

2004 Financing countries in protracted humanitarian crisis: an overview of new instruments and existing aid flows. *In Beyond the Continuum: The Changing Role of Aid Policy in Protracted Crises*. A. Harmer and J. Macrae, eds. London: Overseas Development Institute.

Redfield, P.

2005 Doctors, borders, and life in crisis. *Cultural Anthropology* 20(3):328-361.

—

2006 A less modest witness: Collective advocacy and motivated truth in a medical humanitarian movement. *American Ethnologist* 33(1):3-26.

—

2011 The impossible problem of neutrality. *In Forces of Compassion:*

Humanitarianism between Ethics and Politics. E. Bornstein and P. Redfield, eds. Sante Fe: School for Advanced Research Press.

2012 The unbearable lightness of ex-pats: double binds of humanitarian mobility. *Cultural Anthropology* 27(2):358-382.

Redfield, P., and E. Bornstein

2011 An Introduction to the Anthropology of Humanitarianism. *In Forces of Compassion: Humanitarianism Between Ethics and Politics*. P. Redfield and E. Bornstein, eds. Sante Fe: School for Advanced Research Press.

Reed, S., H Weiss, and M. Mubagwa

2004 Evaluation of USAID's Humanitarian Response in the Democratic Republic of the Congo, 2000-2004. Washington, DC: Agency for International Development.

Revault d'Allonnes, M.

2008 *L'Homme Compassionnel*. Paris: Seuil.

Rieff, D.

2002 *A Bed for the Night. Humanitarianism in Crisis*. New York: Simon and Schuster.

Robben, A.

1995 The politics of truth and emotion among victims and perpetrators of violence. *In Fieldwork Under Fire: Contemporary Studies of Violence and Survival*. C. Nordstrom and A. Robben, eds. Berkeley and Los Angeles, California: University of California Press.

Rose, N.

2001 The politics of life itself. *Theory, Culture and Society* 18(6):1-30.

Rossi, B.

2004 Revisiting Foucauldian Approaches: Power Dynamics in Development Projects. *Journal of Development Studies* 40(6):1-29.

2006 Aid Policies and Recipient Strategies in Niger. *In Brokers and Translators: The Ethnography of Aid and Development*. D. Lewis and D. Mosse, eds. Bloomsfield: Kumarian.

Ryfman, P.

1999 *La Question Humanitaire. Histoire, Problématiques, Acteurs et Enjeux de l'Aide Humanitaire Internationale*. Paris: Editions Ellipses.

Ryfman, P.

2008 *L'Histoire de l'Humanitaire*. Paris: La Découverte.

Saillant, F.

2006 La responsabilité dans l'intervention humanitaire: L'indifférence ou l'engagement ? *In* *Éthique et politique*. E. Gagnon and S. F., eds. Montréal: Liber.

—

2007 Une Anthropologie Critique de l'Humanitaire. *Anthropologie et Sociétés* 31(2):7-25

Salis Gross, C.

2004 Struggling with imaginaries of trauma and trust: the refugee experience in Switzerland. *Culture, Medicine and Psychiatry* 28:151-167.

Sandford, V., and A. Angel-Arjani

2006 *Engaged Observer: Anthropology, Advocacy and Activism*. London: Rutgers University Press.

Scheper-Hughes, N.

1992 *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.

Scheper-Hughes, N., and P. Bourgois

2004 Introduction: Making sense of violence. *In* *Violence in war and peace: An anthology*. N. Scheper-Hughes and P. Bourgois, eds. Oxford: Blackwell.

Scott, J.C.

1972 Patron-Client Politics and Political Change in Southeast Asia. *The American Political Science Review* 66(1):91-113.

—

1989 Everyday forms of resistance. *In* *Everyday Forms of Peasant Resistance*. F.D. Colburn, ed. Armonk: M.E.Sharpe, Inc. .

—

1998 *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. Binghamton, NY: Vail-Ballou Press.

Selth, A.

2008 Burma and the Threat of Invasion: Regime Fantasy or Strategic Reality? Regional Outlook Paper No. 17. Volume 41. Griffith: Griffith University.

Skidmore, M.

2003 Medical assistance and refugee safety in contemporary conflicts. *The Lancet* 362(9377):75.

2004 Karaoke fascism: Burma and the politics of fear. Philadelphia: University of Pennsylvania Press.

2009 Secrecy and trust in the affective field: conducting fieldwork in Burma. *In Women Wielding Danger: Negotiating Ethnographic Identities in Field Research*. M.K. Huggins and M.-L. Glebbeek, eds. Lanham: Rowman & Littlefield Publishers.

Slim, H.

1997 Relief agencies and moral standing in war: principles of humanity, neutrality, impartiality and solidarity. *Development in Practice* 7(4):342-352.

2004 With or against? Humanitarian agencies and coalition counter-insurgency. Geneva: Centre for Humanitarian Dialogue.

Smillie, I.

1995 The Alms Bazaar: Altruism Under Fire--Non-Profit Organizations and International Development. Rugby: Practical Action Publishing.

Smith, M.

2007 State of Strife: The Dynamics of Ethnic Conflict in Burma. Volume Policy Studies 36 (Southeast Asia). Washington, DC: East-West Center.

South, A.

2007 Burma: the changing nature of displacement crises - RSC Working Paper No. 39. Oxford: University of Oxford.

2008 Ethnic Politics in Burma: States of Conflict. New York: Routledge.

2009 Governance and Legitimacy in Karen State - DRAFT. *In* 2009

2011 Burma's Longest War: Anatomy of the Karen Conflict. Transnational Institute.

South, A., et al.

2011 Myanmar - Surviving the Storm: Self-protection and survival in the Delta. http://www.local2global.info/wp-content/uploads/L2GP_Myanmar_Nargis_study.pdf.

South, A., M. Perhult, and N. Carstensen

2010 Conflict and Survival: Self-protection in south-east Burma. Volume Asia Programme Paper: ASP PP 2010/04. London: Chatham House.

Spearin, C.

2008 Private, armed and humanitarian? States, NGOs, international private security companies and shifting humanitarianism. *Security Dialogue* 39(4):363-382.

Steinberg, D.

2010 Burma/Myanmar: What Everyone Needs to Know. Oxford: Oxford University Press.

Stockton, N.

1998 In Defense of Humanitarianism. *Disasters* 22(4):352-360.

Stoddard, A.

2003 Humanitarian NGOs: Challenges and Trends. *In Humanitarian Action and the Global War on Terror: A Review of Trends and Issues*. J. Macrae and A. Harmer, eds. London: Overseas Development Institute.

Stover, E., et al.

2007 The Gathering Storm: Infectious Disease and Human Rights in Burma. Open Society Institute
<http://www.opensocietyfoundations.org/publications/gathering-storm-infectious-diseases-and-human-rights-burma>.

Taussig, M.

1987 Shamanism, Colonialism, and the Wild Man: A Study of Terror and Healing. Chicago: University of Chicago Press.

Taylor, R.

2009 The State in Myanmar. London: Hurst and Company.

TBBC

2009 Protracted Displacement and Militarisation in Eastern Burma: Thailand Burma Border Consortium.

—

2010 Protracted Displacement and Chronic Poverty in Eastern Burma/Myanmar: Thailand Burma Border Consortium.

—

2011 Displacement and Poverty in South-East Burma/Myanmar: Thailand Burma Border Consortium.

Terry, F.

2002 Condemned to Repeat? The Paradox of Humanitarian Action. Ithaca and London: Cornell University Press.

Thant Myint U

2012 Where China Meets India: Burma and the New Crossroads of Asia New York: Farrar, Strauss and Giroux.

Thiede, M.

2005 Information and access to health care: is there a role for trust? Social Science & Medicine 61:1452-1462.

Torche, F., and E. Valenzuela

2011 Trust and reciprocity: a theoretical distinction on the sources of social capital. European Journal of Social Theory 14:181-198.

Truchon, K.

2007 Victimes et marchands de memoire. Anthropologie et Societes, Numero Special – Entre-Lieux de l'Humanitaire 31(2):219-233.

Turcot, P.A. , and C. Munro

2009 Burma Border Areas Program, Mid-Term Evaluation, Final Report, August 2009.

UNGA

2006 Report of the Special Rapporteur on the situation of human rights in Myanmar. UN General Assembly.

—

2010 Report of the Special Rapporteur on the situation of human rights in Myanmar. UN General Assembly.

UNOCHA

2001 Use of Military or Armed Escorts for Humanitarian Convoys, Discussion Paper and Non-Binding Guidelines.

Vaux, T.

2001 The Selfish Altruist. London: Earthscan Publications.

Verna, G.

2007 Le comportement des ONG engages dans l'aide humanitaire selon leur culture d'origine et les pressions politiques subies. *Anthropologie et Sociétés* 31(2):7-24.

Wacquant, L.

1998 Pierre Bourdieu. *In* Key Sociological Thinkers. R. Stones, ed. New York: New York University Press.

Wandersman, A., et al.

2000 Getting to outcomes: a results-based approach to accountability. *Evaluation and Program Planning* 23:389-395.

Warren, M.E.

1999 Democratic theory and trust. *In* Democracy and trust. M.E. Warren, ed. Cambridge: Cambridge University Press.

—

2001 Trust in democratic institutions. *In* Paper presented for the European Research Conference on Social Capital: Interdisciplinary perspectives. Exeter.

Weiss, T.G.

1999 Principles, Politics, and Humanitarian Action. *Ethics & International Affairs* 13(1):1-22.

Wilson, T.

2012 Why India's relations with Myanmar may never be top priority for either. <http://www.eastasiaforum.org/2012/07/12/why-india-s-relations-with-myanmar-may-never-be-top-priority-for-either/>.

Wimmer, A.

2008 The Making and Unmaking of Ethnic Boundaries: A Multilevel Process Theory. *American Journal of Sociology* 113(4):970-1022.

Woodward, S.

2001 Humanitarian war: a new consensus? *Disasters* 25(4):331-44.

Zarowski, C.

2004 Writing trauma: emotion, ethnography and the politics of suffering among Somali returnees in Ethiopia. *Culture, Medicine and Psychiatry* 28(2):189-209.